A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATION EDUCATION COMMUNICATION (IEC) PACKAGE ON KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESS AMONG WOMEN SELF HELP GROUPS IN A SELECTED RURAL AREA AT COIMBATORE

COIMBATORE

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE DEGREE OF **MASTER OF SCIENCE IN NURSING**

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BY

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APPROVED BY THE DISSERTATION COMMITTEE ON .....

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DEDICATION

***

"For An Interest To Be Rewarding, One Must Pay In Discipline And Dedication, Especially Though The Difficult Or Boring Stages Which Are Inevitably Encountered"

This book is dedicated to my parents MR.M.K.RAJENDREN, and MRS.R.VIJAYALAKSHMI, sister for their love, support, compassion and commitment to lifelong learning. Their prayer stood by me when I worried and knew not how to move forward. I strongly believe that god worked on me through them.

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- Tod Leiweke

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LIST OF ABBREVATION

df	-	Degree Of Freedom
DMHP	-	District Mental Health Program
IEC	-	Information Education Communication
ISG	-	Internet Support Group
ITP	-	Internet Training Program
LCD	-	Liquefied Crystal Display
MD	-	Mean Difference
r	-	Reliability
SD	-	Standard Deviation
SHGs	-	Self Help Groups
UNICEF	-	United Nation International Children Emergency Fund
Who	-	World Health Organization
χ^2	-	Chi square

ABSTRACT

Mental illness is a serious medical illness. Just as diabetes is a disorder of the pancreas, mental illnesses are often the disorder of brain and resulting by a diminished coping capacity of the individual with the ordinary demands of life. poor knowledge and negative attitude towards mental illness threatens the effectiveness of patient care and rehabilitation. The study aimed to assess the effectiveness Of Information Education Communication Package (IEC) on knowledge and attitude regarding mental illness among Women Self Help Groups in selected rural area at Coimbatore.

Objectives:

1. To assess the existing level of knowledge and attitude regarding Mental illness among Women Self Help Groups.
2. To evaluate the effectiveness of IEC Package Regarding Mental illness among Women Self Help Groups.
3. To find out the relationship between the knowledge and attitude regarding mental illness among Women Self Help Groups.
4. To determine the association between the knowledge regarding mental illness with their selected demographic variable.
5. To determine the association between the attitude regarding mental illness with their selected demographic variables

Pre experimental study was used in this study. 60 women from women self help groups were selected through purposive sampling method as samples. The data was collected by structured self administered questionnaire .post test conducted with the same questionnaire after the teaching programme through LCD projector. The study revealed that pre-test knowledge mean score was8.9, standard deviation was 2.56. and

post-test mean score was 15.8, standard deviation 2.70 and the mean difference is 0.14, the ‘t’ value was 27.70, which is statistically significant at 0.05 level. The pre-test attitude mean score was, 41.2 standard deviation was 5.01. and post-test mean score was 51.5, standard deviation 5.17 and the mean difference is 0.16, the ‘t’ value was 21.24, which is statistically significant at 0.00level. The study concluded the presence of stigma regarding mental illness everywhere and education will remove those stigmas effectively

Key words : IEC Package, Mental Illness, knowledge, Attitude.

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CHAPTER - I

INTRODUCTION

"There is a thin line between genius and insanity

I have erased this line"

- Oscar Levant

Genius manipulates their environment, where insane shows maladjustment with their environment. When, a person attempt to solve a problem and achieve their need effectively, he is been praised as genius. Beside if he feels difficulty in coping with the situation, he is been named as mentally deficient or insane .Mental illness is a serious medical illness. Just as diabetes is a disorder of the pancreas, mental illnesses are often the disorder of brain and resulting by a diminished coping capacity of the individual with the ordinary demands of life.

Mental illness is a collective term that refers to all the different types of mental conditions, including those that affect the mood, the thinking, the Behaviour. Mental illness are classified into more than 200 conditions, ranging from minor to severe. Mental illness can affect persons age, race, religion, or income. As a diabetic may control their diet, change their life style or take insulin so as person with mental illness may need to change their life style or need to take medication. There are very best treatments available for even serious mental illness today which also proven highly effective, between 70-90 percent of individuals have significant reduction of symptoms and improved quality of life with a combination of pharmacological and

psychosocial treatments and supports. Early identification and treatment is of vital importance.

"Mental illness is nothing to be ashamed of

but stigma and bias shame us all"

-Bill Clinton (2007)

Some diseases are tough to diagnose and some disease are tough to treat, there are some diseases which is tough to accept and struggling with denial and neglect and often being misconceived are mental illness. Stigma remains a powerful negative attitude in all social relation. It is considered an amalgamation of 3 related problem: a lack of knowledge (ignorance), negative attitude (prejudice),and exclusion or avoidance of behaviour (discrimination). Such poor knowledge and negative attitude towards mental illness threatens the effectiveness of patient care and rehabilitation.

The maltreatment of this vulnerable population has been reinforced by the hurtful stereotypes of incompetency and dangerousness. The belief that person with mental illness are uniformly dangerous is an equally harmful myth. Despite countless promises for a better life by national commissions there has evolved a vicious cycle of neglect, abandonment, cruel, inhuman treatment of person with mental illness. It provides policy makers with an ostensible justification to exercise control over persons with mental illness, even if they have not committed a violent offences. Although some nation have been successful in fighting stigma and increasing acceptance of the mentally ill, lack of awareness is very evident in India and other developing countries.

"Mental illness is a brain disease

and not a black's diseases"

A research conducted for universality of stigma revealed that survey do not support the claim that mental illness is less stigmatized in developing countries (Fabrega, 1991). Although developing countries constitute a diverse group in terms of culture and social norms, it is nevertheless true that our findings are in broad agreement in places such as India and Ethiopia (Thara & Srinivasan, 2000). Indeed, as noted by Murthy (2002), stigmatization of mental illness probably exists everywhere, even though the form and nature of it may differ across cultures. Our observations suggest that poor knowledge of the causes of mental illness, especially an attribution to supernatural causation, as well as very negative views of persons with mental illness, may indeed be more common in Asian and Africans communities than hitherto realized. Attitude to mental illness is consequently characterized by intolerance of even basic social contact with people known to have such illness. In the society in which poor health facilities and poverty make the care of people with mental illness a major burden for both patients and their families, the degree of stigma experienced by individuals with mental illness suggest an unusual level of illness related burden.

Educating the public that mental illness is a brain disease is a popular strategy for combating mental illness stigma. Conversely, psychosocial explanation has proven promising, yet they ignore the growing evidence regarding genetic and biological factors. Investigator proposes a balanced approach that combats the various myths about mental illness with factual information. Deliberate and sustained health

education is recognized as one of the feasible long-term approaches for preventing and control of health problems. Well designed and meticulously planned health education and communication activities immensely help in promoting healthy lifestyle. Therefore, the goal of any pedagogical effort should be the optimum utilization of information, Education and Communication (IEC) inputs to expand knowledge create awareness, modify attitudes and behaviour.

Many studies in the area of health education clearly indicate that knowledge attitudes and practices are significantly interrelated (Johnson et al, 1985; Axel son et al 1992). This relationship based on a scientific construct, adopted by health communication to represent cognitive processes of individual regarding information on health. This construct plays an important role in health assumption, communication because one underlying information / persuasion effort is that increasing individuals' knowledge or changing their belief about health, one can expect desired changes in their health related attitudes and behaviour. Although no one is given credit specifically for originating the health knowledge construct and its relationship to health-related behaviour such an assumption appears to be a logical extension of the historical proposition that people think, feel and do what people think would, therefore, be related to what the feel and do.

The need for the development of a well articulated mental health policy has been identified for most Asian and African countries where not exists (Gueje & Alem, 2000). Findings such as those of our study suggest that a strong emphasis on public education should be an important component of any such policy.

SHG is group of rural poor who have volunteered to organize themselves into a group for eradication of poverty of the members. They degree to save regularly and convert their savings into a common fund known as group corpus. The members of the group agree to use this common fund and such other funds that they may receive as a group through a common management. It may consist 10-20 persons. They not only manage the financial aspects but also engage in some village welfare activities. Self Help Group (SHG) movement is affecting the social dynamic of village life as seen never before. Most women reported that after their participation in SHGs they are more respected in their own families and society in general. Their contribution to the family is valued and the family in turn supports them to undertake activities like these awareness campaign. Particular impact of the SHG programme, namely, active participation of members in community matters, has the potential to change village life in India. Hence, the SHG programme used to convey the knowledge regarding mental illness which is unpopular to rural Indians.

Need for the Study

Mental health is obtaining its focus now a day. More than mental illness the ignorance towards it is the main problem. People started to look at it what it is. It is a right time to make awareness and information them what is mental illness especially in rural areas. Mass media is the popular strategy to convey the information to the rural public in their language. Besides the group to whom we are giving education is gaining more importance. The group should be active in function and should have known popularity in the community, thus the information can have good recognition and spread fast. Now find the important of this study though following prevalence rate and existing condition of mental health in our country.

WHO (2010) reported that 1 in every 4 people (or) 25% individual develops one or more mental disorders at some stage in the life.

WHO (2010) reported that Mental health problems represent 5 out of 10 leading causes of disability.

WHO (2010) reported that Close to 15 million people in India are battling with severe mental disorder.

DMHP (2008) reported that Roughly 2, 50,000 new psychiatric cases every year.

Attitude to Mental Illness Research Report. (MARCH 2010) revealed that The older age group (age 55+)and youngest group (16-34yrs)have more negative attitude towards mental illness.

Attitude to Mental Illness Research Report (MARCH 2010) revealed that 9 out of 10 experience stigma and discrimination regarding mental illness.

Muralimadhav. S. (2001-2010) conducted a epidemiological study of prevalence of mental disorder in India among 8 states including Tamilnadu, the data were collected by interview questionnaire and psychiatric examination .the finding of the study revealed that 65.4 per 1000 population in the national prevalence rate of mental illness. Among which 64.4 were from rural and 66.4 were from urban.

Sushrut.et.al(2007) conducted a ethnographic studies to assess the stigmatization of severe mental illness in India among two rural and one urban site in India. The data was collected by vignette based stigmatization scale from the sample.

The study conclude that rural Indians has significant high score stigmatization toward the mental illness.

Jorm AF.,(2010) conducted an experimental study "mental health first aid training for high school teachers: a cluster randomized trial". The main objective of the study is to improve the skills of teachers by giving mental health first aid training course and evaluate ill. The cluster randomized trial was used to this study. Teachers at 7 schools were received training. They were assessed with the questionnaire related to mental health knowledge, stigmatizing attitude and teacher mental health. The study findings showed that training increased teacher's knowledge and had training has positive effect on teacher's mental health knowledge.

G. Wolf ,S Pathare., et.al (1996) conducted a descriptive study on community knowledge of mental illness and reaction to mentally ill in London. Structured knowledge and attitude questionnaire were used to collect the data. The result revealed that most of the sample(80%) knew somebody who had a mental illness but a substantial proportion of respondent had little knowledge about mental illness .They concluded that hypothesis that negative attitudes especially in older people are fuelled by a lack of knowledge. negative attitude among the children are not related to a lack of knowledge.

Ministry of Health and Family Welfare(2002) stated that IEC's persuasion effort is increasing individual's knowledge or changing their belief about misconception towards the mental illness, one can expect desired changes in their related attitude and behaviour.

UNICEF, National Health Policy and also DMHP advocate the importance of IEC as appropriate communication strategy towards the public in easily understandable for the people.

Prof. D. Sambangi (2009) conducted a descriptive study on " self help group as an effective strategy and doable approach to empowers women in India" the objective of the study are to understand and analyze psychological, social and economical benefit accrued by women participating in SHGs and b) to explore the merits of SHGs as strategy and approach to empower women in India. The sample was 100 women in 20 self help groups. The study findings showed that 67 percentages had got good general knowledge. New ideas and communication skills. 75% of the women had the chance to save their own community such as safe drinking water, street light, public sanitation and about 71 percent of their attained economic independence to greater extent and able to contribute lowers properly of the family. The study concluded that shg not empower themselves but also empower the country. It makes the society enriched by making beneficial attempts and awareness.

Judith .a. Cook. Et al ,(1999) conducted a comparative study on the effect of support group participation on care giver burden among parents of adult offspring with severe mental illness .the data were collected by self administered questionnaire on stress .the finding revealed that one promising intervention designed to address the burden of the families of mentally ill client are self help support group.

Organizing women around regard thrift and credit services is a very effective method of conveying information regarding health, education, and environmental sanitation.

C.K.Gariyali (Secretary of Health and Family Welfare Of Tamil Nadu) stated that The mentally ill and disabled should be included in the existing network of self help groups (SHGs). “Every Panchayat in Tamil Nadu has an SHG,” and therefore “SHGs (have) proved that the poor are bankable, so why not the disabled? Even if only one mentally ill or disabled person is included in each of them, 136,000 the total number of self help groups in the state of them would benefit in the first year itself.”

8 Women Self Help Groups who has mentally ill family member in Madurai named as Nambikkai group which is actively involved in making awareness regarding health and illness and conducting the camp for disabled person. - DMHP Madurai

Investigator got information from the Dr .Senthil Kumar, M.B.B.S.,D.P.H. Deputy Director of District Health Services, Coimbatore, that there is no negotiation between district mental health programme and women self help group in Coimbatore district and no evidence of running any mental health awareness campaign through women self help groups.

All the details influence the investigator and kindled the investigator’s curiosity to know about her community people’s attitude towards the mental illness

and can the investigator bring up the positive attitude towards the mental illness. Hence the investigator adopted this study.

Statement of the Problem

A Study to Assess the Effectiveness of Information Education Communication (IEC) Package on Knowledge and Attitude Regarding Mental Illness Among Women Self Help Groups in a Selected Rural Area at Coimbatore.

Objectives

6. To assess the existing level of knowledge and attitude regarding Mental illness among Women Self Help Groups.
7. To evaluate the effectiveness of IEC Package Regarding Mental illness among Women Self Help Groups.
8. To find out the relationship between the knowledge and attitude regarding mental illness among Women Self Help Groups.
9. To determine the association between the knowledge regarding mental illness with their selected demographic variable.
10. To determine the association between the attitude regarding mental illness with their selected demographic variable.

Hypotheses

H_1: There will be significant difference between the mean pre and post test knowledge score regarding Mental illness among Women Self Help Groups.

H_2: There will be significant difference between the mean pre and post test attitude score regarding Mental illness among Women Self Help Groups.

H_3: There will be a significant relationship between the knowledge and attitude regarding mental illness among Women Self Help Groups.

H_4: There will be a significant association between the pre and post test level of knowledge regarding mental illness among Women Self Help Groups with their selected demographic variables.

H_5: There will be a significant association between the pre and post test level of attitude regarding mental illness among Women Self Help Groups with their selected demographic variables.

Operational Definitions

Effectiveness

It refers to extend to which IEC on mental illness has achieved the desire effect in improving the knowledge and attitude regarding mental illness.

Information Education Communication Package

It refers to systematically planned teaching program design to provide information regarding mental illness, educate the women about what is mental illness and make the communication easier between the women self help group and the investigator.

Knowledge

It refers to cognition or clear known apprehension regarding mental illness.

Attitude

A complex mental state involving beliefs and feelings and values and dispositions regarding mental illness to act in desired way.

Mental illness

Mental illness is maladjustment in living. It produces a disharmony in the person's ability to meet human needs comfortably (or) effectively and function within the culture.

Women Self Help Group

It is involuntary group intended to work for self employment and other village welfare activities including awareness campaign.

Assumptions

- The women who engaged in Women Self Help Groups in rural areas may have inadequate knowledge regarding Mental illness.
- Providing Information Education Communication to the Members of Women Self Help Groups will be effective in spreading the information regarding Mental illness in the community.

Limitation

- This study is limited to women in women self help groups in Vazhukkupparai village at Coimbatore.

Projected Outcomes

- The study will help the women to know what mental illness is and have the desirable attitude about it.
- The IEC will be helpful to the community people to access the mental health services.
- The women in Women Self Help Groups will encourage the mentally ill people to be hospitalized rather than undergoing poojas and mantras.
- The community will gain awareness regarding mental illness through these women.

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an important step in the development of any research project. According to Polit and Hungler, literature research is a critical summary of prepared to put a research problem in context.

For this study literature review are derived into the following:

- Studies related to knowledge and attitude regarding Mental Illness
- Studies related to Knowledge and Attitude regarding Mental Illness among Self Help Groups
- Studies related to Self Help Groups
- Studies related to IEC Package on Mental Illness

Studies Related to Knowledge and Attitude regarding Mental Illness

Ganesh.k.,(2011) conducted a cross sectional survey on knowledge and attitude of mental illness among general public of southern India. The aim of this study was to examine the knowledge and attitude about mental illness among general public.100 subjects were selected conveniently and the data were collected by semi structured interview through 15 multiple choice question for knowledge and the 15 attitude scale of yes or no type. The study revealed that the mean knowledge score has been associated with male and aged between 18-30 yrs. The study concluded that knowledge of mental illness among concluded that knowledge of mental illness among the general public was quite poor and suggest the need for strong emphasis on

public education to increase mental health literacy among general public to increase awareness and positive attitude of people towards mental illness.

Johm Geofrey Chikomo., (2011) conducted a study in knowledge & attitude of the Kinandoni community towards mental illness. This researcher aimed at assessing the knowledge & attitude of the Kinondoni community members towards mental illness. The research design used was descriptive cross sectional survey with qualitative approach. Stratified sampling technique was used. The sample size is 300. The data was collected used the Modified version of Chiness knowledge & attitude opinion questionnaire which comprise of 50 items. The result show that most of respondent through that mentally ill people could not perform regular job had, they are dangerous & violent. They conducted that increase in the communities mental health literacy should result in a improvement of attitudes towards people with mental illness.

Suhaila Ghuloum et.al., (2010) conducted an epidemiological survey of knowledge, attitude and health literary concerning mental illness in a National Community sample. The aim of this study was to examine the knowledge, attitude and practices courning mental illness among quatali and other Arab expatriates. This is a cross – sectional survey conducted from October 2008 – mar 2009. A questionnaire was designed to assess knowledge, attitude and practice regarding mental illness. Subjects 48.3% believed that mental illness could results from punished from God. The most common information source on mental illness was media (64.2%), recognition of common mental disorders in the studied population

was poor (72.5%). The study conducted that knowledge of mental illness among the Arabic – spealing population of Quatar was quite poor.

Kim Foster et.al., (2006) conducted a descriptive study on mental health Worker's attitude towards Mental illness in Fiji island. The study aimed to survey mental health workers attitudes toward Mental illness in Fiji as a means of understanding the attitudes of there staff. Attitude toward acute mental health scale (ATAMHS 33) was modified & distributed to 71 registered nurses in a mental health setting in Fiji. The results indicate participated expressed both positive & negative attitude toward individuals in mental health care by the mental health worker at ($p>0.05\%$). Hence they concluded. It will enable future educational intervention to be evaluated & comparison to be made with other culture.

Alice Fearn et.al., (2006) conducted a study on youth knowledge of and attitude to mental health & mental illness. It comparative day from 1997 to 2004 in Newzealand. Using random sampling 1008 people selected in 2004 people selected in 1994. Data were collected using knowledge & attitude questionnaire through interview method CATI system (computer assisted telephone interviewing) by trained interviewing. They conclude that lower knowledge & less positive attitudes for youth raises question as to how much focus should be on this group within the life minds campaign.

Benjamin O.Olley et.al (2005) conducted a descriptive community study of knowledge and attitude to mental illness in Nigeria. The objective of the study is to determine the knowledge and attitude of representative community in Nigeria. A total

of 2040 individuals are assessed with the help of knowledge attitude questionnaire. The study revealed that poor knowledge of causation was common. Negative view illness was widespread with as many as 96.5% believing that people with mental illness are dangerous because of their violent behaviour. Socio-demographic predictors of both poor knowledge and intolerant attitude were generally very few. The study concluded that There is a wide spread stigmatizations of mental illness in the Nigerian community, negative attitudes to mental illness may be fuelled by notion of causation that suggest affected people are in some way responsible for their illness.

Levav I et.al.,(2004) conducted a comparative study on mental health related knowledge, attitude and practices in two kibbutizim this study aimed at exploring mental health related knowledge, attitude and practices in two kibbutizim. A brief self administered questionnaire exploring KAP within the Kibbutz context was completed anonymously by 108 members in one Kibbutz and 90 the other. The study revealed that mental health literacy was high ,75% endorsed a multifactorial causation of mental disorder and 79% thought that they were treatable. The study concluded that mental health KAP among this Kibbutz have not developed in parallel. While the attitudes are mixed at best, knowledge and practices are more positive.

Henry Stephens Aghanwa.,(2004) conducted a descriptive study on attitude toward & knowledge about mental illness in Fiji islands. This study aimed to explore there aspects & also to determine the factor influencing them. The interview schedule used elicited socio-demographic variables, knowledge of & attitude towards mental illness. The result revealed that Educational attainment was correlated with knowledge about mental illness,($p<0.01$).prestigious occupation, single marital status,

female, younger age and urban dwelling were associated with positive disposition towards mentally ill($p<0.01$) race was not significantly influenced on almost all attitudinal variables. The study concluded that Health education is capable of positively influencing knowledge about & attitude towards , mental illness in Fiji.

Shyangwa P.M et.al., (2003) conducted a descriptive study on knowledge and attitude regarding mental illness among nursing staff in Nepal . The sample consisted 110 nursing staff in BPKIHS hospital. The data was collected through structured questionnaire consisting 35 item where knowledge deals with aetiology, The demographic variables, like sex, age, religion & education. The result indicate that there was overall(82.8%) has adequate knowledge & by and large a positive attitude. The study concluded that although the nurses have adequate knowledge but the nurses were not satisfied with their current knowledge .

Cynthian Far et.al., (1987) conducted all comparative study on attitudes towards mental illness and knowledge of mental health services between Australian and Asian students. The aim of this study was to investigate whether Asian immigrant in Australia differed from Anglo – Australian in team of attitude towards mental illness and knowledge of mental health services. A questionnaire was administered to 140 university students, including 63 Anglo-Australian students, 47 Asian students, and 30 students from European background. The result showed that there was a significant ethnic difference in team of attitude towards mental illness and knowledge of mental health services.

Studies Related to Knowledge regarding Mental Illness among Self Help Group

Manulyn citron Ph.D (1999) conducted on study “self help groups for familiar of person with mental illness: perceived benefits of helpfulness”. The number of save plus was 202. In certain avocation of self-help groups for familiar of the mentally ill. The study findings may provide the basis for evaluating and improving self help group effectiveness and contribute to understanding process within a self-help group which mean bar find beneficial.

Studies Related to Self Help Groups

Prof. D. Sambangi (2009) conducted a descriptive study on “ self help group as an effective strategy and doable approach to empowers women in India” the objective of the study are to understand and analyze psychological, social and economical benefit accrued by women participating in SHGs and b) to explore the merits of SHGs as strategy and approach to empower women in India. The sample was 100 women in 20 self help groups. The study findings showed that 67 percentages had got good general knowledge. New ideas and communication skills. 75% of the women had the chance to save their own community such as safe drinking water, street light, public sanitation and about 71 percent of their attained economic independence to greater extent and able to contribute lowers properly of the family. The study concluded that shg not empower themselves but also empower the country. It make the society enriched by making beneficial attempts and awareness

Studies Related to IEC Package on Mental Illness

Amanda Lundvik Gyllensten., (2011) conducted a study on attitudes in healthcare students towards mental illness. The study aimed to investigate the effect of naturalistic educational interventions on attitudes towards person with mental illness. A total of 456 students was assessed through level of familiarity questionnaire developed by Corrigan, fear & behavioral intention towards the mentally ill developed by Wolff and changing minds. After this educational programmes regarding mental illness were provided for 3-10 weeks, The result indicate that positive changes in attitudes round the total group, but most if the attitude towards person with mental illness didn't change in the group of health care students as a whole after university education programme, care seminars & lectures were round to influence the attitude towards mental illness in a positive way.

Griffiths K.M.,Crisp.D .,et al (2010) conducted an intervention study "the ANU wellbeing study: a protocol for a quail – factorial randomized controlled trial of the effectiveness of an internet support group and an automated internet intervention for depression". The study aimed at assessing the effectiveness of internet support for depression. Members of the community with elevated psychological distress were randomized to receive one of the following Internet support group, Multi module automated psycho educational and skills internet training program, a Combination of ISG and ITP and An internet attention control website. Each intervention was 12 weeks long. The study concluded that ISG is effective on making awareness.

Otto Wahl et.al., (2010) conducted a interventional study on evaluation of a middle school mental health education program. The study is aimed to evaluate the

BTS (Breaking the silence Program) in middle school. The data was collected through the questionnaire to measure the knowledge, attitudes & behaviors related to mental illness among 106 students in four schools. The study revealed that there is significant improvement in knowledge and attitude towards mental illness after BTS program.The study concluded that BTS program is effective as a means to improve knowledge, attitudes and behaviors related to mental illness among middle school students. Even brief instruction (21/2 – 3 hrs) can produce change in how students understand mental illness.

Pibernik Okanovic. M, begic D., et.al., (2009) conducted an psycho education versus treatment as used in diabetic patients with sub threshold depression preliminary results of a randomized controlled trail. This study was aimed at exploring the effect of a psycho-educational intervention on depression and diabetes related outcome in patient with mild to moderate depression symptoms. The randomized controlled study design with 50 mild to moderate depressive symptoms were randomly assigned to either an intervention or a control depression symptoms. The intervention group underwent four psycho-educational section aimed at enabling self management of depressive symptoms. It revealed that both intervention and control group reported significant decrease in depressive symptoms.

Amy C. Watson et.al (2009) conducted study on middle schoolers attitudes about mental illness through education in United States. In this study knowledge & attitude about mental illness in more than 1,500 middle school students & evaluate the impact of an educational intervention on Stigma-related attitudes. The study revealed that students had some understanding of mental illness as a problem of the brain with

biological & psychosocial causes, however they lacked knowledge about treatment. The students didn't strongly endorse negative attitudes about mental illness at baseline. The curriculum produced significant improvement in both knowledge 7 attitudes at past test & was most effective in improving attitudes among those with more negative baseline attitudes. the study concluded that brief educational program can be an effective intervention to increase knowledge and improve attitude about mental illness.

Gjerdingen, crow s., et al. (2009) conducted an experimental study on "stepped care treatment of postpartum depression: impact on treatment, health and work outcomes". The objective of this study was to step collaborative care intervention improved woman's knowledge of their postpartum depressed in diagnosis and their receipt of treatment. 506 mothers of infants from 7 clinics completed the survey and structured clinical interview. The study revealed that 45 depressed women the stepped care intervention increased mother's depression (p=0.008). They concluded that The stepped care intervention improved the women's knowledge of their postpartum depression diagnosis and the treatment.

Lester.H., birchwood m.,et al (2009) Conducted A"cluster randomized controlled trial of GP training in first episode psychosis". The objective is to assess the effect of an educational intervention for GPs on referral rates to early intervention services. It has the stratified cluster randomized controlled trail. a total of 110of 135 eligible practices, 179 were referred,97 were intervened and 82 were in control practices. Educational intervention addressing GP knowledge, skill and attitudes about first-episode psychosis.The relative risk of referral was signifiicant:1.20.no

effect was observed on secondary outcome except for delay in reaching early intervention services which was statistically shorter in patient registered in intervention practices. The study concluded that GP training on first episode psychosis is inefficient to alter referral rates to early intervention services.

Hugenholtz N1.,De Croon EM et.al (2008) conducted an interventional study on "effectiveness of e-learning in continuing medical education for occupational physician. The aim of thin study is to evaluate the effect of e-learning on knowledge on mental health issues as compared to lecture – based learning in a Continuing Medical Education program for Occupational physicians. The design was randomized controlled trial with 74 postgraduates. Test averments of knowledge were made before and immediately after are education session. The study findings showed that signification gain in knowledge on mental health care was found ($p<.05$).however there was no significant difference between the two educational approaches. And concluded that effect e-learning can be beneficial for the Continuing Medical Education.

Fam pract.,shirasi M., et al (2008) conducted an randomized study on effectiveness on readiness to change of an educational intervention on depressive disorders for general physicians in primary care based on modified Prochaska model. The purpose of the study was to evaluate the impact on readiness to change of an educational intervention on management of depressive disorder based on the modified version of the Prochaska model in comparisons with standard program of continue medical education. The participant included 192 general physician among them 96 were intervened and 96 were in control group. The intervention consists of interactive

learner cantered educational methods depending on the GPs attitude. The study revealed that the intervention effect was 46% and 50% in large and small group setting respectively.

B.o.olley (2007) conducted an interventional study on changes in attitude towards mental illness after exposure to a course in abnormal psychology among students of a Nigerian university. the study aimed to determine the effect of exposure to a 13 weeks course in abnormal psychology on knowledge and attitude of undergraduate students.140 students were assessed and after 13 weeks (26 hrs) the end of the course evaluation was done. The result revealed that students showed improved knowledge and desirable attitude after intervention. The study concluded that poor knowledge still exist among Nigeria students. Educational intervention show significant improvement in their knowledge and attitude.

Van Hooren., bosma H .,et al (2007) conducted a randomized study on effect of structured course involving in goal management training among older adults. The objective of the study is to investigate the effect of structured 6 week neuro psychological course on the executive functioning of older adults with cognitive complaints, than those of control group. 69 community dwelling above 55 years and older was the sample. The study revealed that the intervention group were significantly less annoyed by their cognitive failures and reported less anxiet The study concluded that combination of psycho education and training has the potential to change the attitude of the older adult towards their cognitive functioning.

Susan et.al M godschalx (2007) conducted study on effect of a mental health educational program upon police officers. The study aimed to show the effectiveness of an hour educational seminar would significantly improve knowledge & attitudes of police officers toward people experiencing emotional difficulty. The study resulted that Police officers knowledge about working with people experiencing emotional difficulty increased, but attitudes were not altered. All officers reported that the seminar was a valuable experience. These result concluded that educational program can impact non health care workers in contact with the emotionally distributed.

Arogonies E.,caballero., et al (2007) conducted a cluster randomized study on assessment of an enhanced programme for depression management among primary care. The aim of this study is to determine whether the implementation of a structured programme for managing depression will provide better health outcomes than usual management.20 primary care centres in which 400 patients over 18 years of age with an episode of major depression have participated in this study. A multi component programme with clinical, educational and organizational procedure that includes training for the health care provider and evidence based clinical guidelines. It revealed that this approach could be effective to improve the outcome of depression in primary care.

Rosendal M.,bro F.,et al (2005) conducted a randomized controlled trail on effect of brief training on GPs attitude in assessment and treatment of somatisation. The main objective of the study was to assess the GPs attitude after the brief training. 27 GPs attitude was assessed with help of screening questionnaire and brief training

regarding somatisation was provided. The study revealed that the brief training increased GPs awareness of medically unexplained physical symptoms.

Brown JS., Elliott SA .,et al (2004) conducted a randomized controlled study on meeting the unmet need for depression services with psycho-educational self-confidence workshop. The purpose of the study was to examine the effectiveness of a psycho educational intervention. Large scale self referral "How to improve your self confidence" were run at the weekend. Among 120 people who self referred 75% of participants had general health questionnaire scores of 3 and above. The study revealed that over 39% had never previously consulted their doctors. At 3 month follow up members of experimental group were significantly less depressed and reported higher self esteem. The study concluded that workshops were shown to be accessible and effective. A large more rigorous trial is now needed.

Susan A. Pickett., et.al. (2002) conducted a study on improving knowledge about mental illness through family – led education; the Journey of hope. The study aimed to evaluate to effectiveness of a family- led education intervention. A total of 462 family members of adult with mental illness in Louisiana participated in the study 231 were randomly assigned to immediate receipt of the journey of hope course (intervention group) and 231 were randomly assigned to a nine month waiting list for the course (control group). The data was collected through the structured intervention assessing their knowledge of mental illness & problem solving skills & their information. The results indicate that intervention group reported greater knowledge at p(<0.01%), problem management & positive coping with their relatives mental illness at p(<0.001%). The study concluded that participation in family led education

intervention such as the journey of hope may provides families with the information they need to cope with mentally ill relative.

Trevor waring et.al., (2000) conducted a descriptive study on youth mental health promotion in the hunter region in Australia. This study aimed to described the work of the hunter institute of mental health, with special emphasize on its ride in mental health promotion and intervention with promotion & prevention with adolescents. The Ottawa charter for health promotion is used as a frame work to describe the varied functions of this organization. The sample size was 424 selected through random sampling is 424. The data was collected through 10 items questionnaire. The study revealed that hunter institute of mental health, a self-findings unit of the hunter area health service, provides innovative health promotion programs as part of it's role as a provides of mental health education & training. They concluded that participation in these youth mental health program has required not only a solid grounding in clinical and educational aspects but also need more little dose of creativity.

A.F. from et.al (2000) conducted a narrative survey approach a study on Mental health literacy. Public knowledge beliefs about mental disorder in Australia. this study aimed to introduce the concept of mental health literacy to a wider audience. A narrative view, survey approach was used. The study reveal that many people can't recognize specific disorder or different types.. the study concluded that if the public mental health literacy is not improved this may hinder public acceptance of evidence based mental health care.

CONCEPTUAL FRAMEWORK

A conceptual frame work is the processor of a theory. It provides broad perspectives for nursing practice, research and education. Conceptual frame work plays several inter related roles in the progress of science. Their overall purpose is to make scientific studies meaningful and generalizable.

Polit and hungler(1995) stated that a conceptual frame work is interrelated concept on abstract that are assembled together in some rational scheme by circle of their relevance to the common theme. It is a device that helps to stimulate research and extension of knowledge by providing direction.

This study is based on the concept of administering Information Education Communication Package on Mental Illness to improve the knowledge and attitude regarding the mental illness. As it is concentrating on educational intervention the researcher adopted the CIPP model as the base for developing the conceptual framework. This frame work is based on Daniel .L. StuffleBeam's CIPP Model(971).

The CIPP is a simple system model applied to program evaluation; a basic open system includes input, process and output. Stufflebeam added context, input, process and product. Hence CIPP stands for context evaluation, input evaluation, process evaluation and product evaluation. They are viewed as steps (or) stages in a comprehensive evaluation

Context Evaluation :(Environment and Needs)

It includes examining and describing the context of the program, conducting a need assessment. It helps in making program planning decision.

In this study, it is the assessment of demographic variables Includes age, marital status, religion, family history of mental illness, if present specify the treatment which they undergone, educational status, occupation, monthly income, previous exposure to knowledge regarding mental illness, and if yes specify the source of information .and pre –test level of knowledge and attitude regarding mental illness.

Input Evaluation :(Strategies and Resources i.e. Plan)

It includes activities such as description of the program input and resource which help in making program planning decision.

In this study the researcher's plan to administer information education and communication package on mental illness for 1hr through LCD presentation. It includes the following domains meaning of mental illness

- Causes of mental illness
- Signs and symptoms of mental illness
- Treatment of mental illness
- Psychiatric Rehabilitation
- Misconception towards mental illness

Process Evaluation :(Action)

It includes examining how a program is being implemented following required legal and ethical guidelines, this help in making implementing a decision to

identify defects and provides decision about how to modify or improve the program and to make sure the legal ethical guidelines are followed.

In this study the IEC on mental illness was provided for 1 hr through LCD presentation by lecture cum discussion in Tamil medium to the members of Women Self Help Groups .

Product Evaluation :(outcome)

This includes determining and examining the general and specific outcomes of the program to establish the actual worth or value of the program. Product evaluation refers to the outcome which include qualitative and significant. It is for recycling decision it related to the goal and objectives of the input information and process evaluation.

In the present study it refers to post test assessment of knowledge and attitude in 7 days of interval of IEC package was assessed using the same questionnaire. The result revealed that all the participants have gained moderate and adequate level of knowledge and attitude and no participants were in inadequate knowledge or unfavourable attitude. Thus present study proves that IEC package are effective in improving knowledge and desirable attitude.

Recycling decision:

The undesirable outcomes are processed back from planning to gain a desirable outcome.

In the present study recycling decision was not included.

CHAPTER III

METHODOLOGY

Methodology deals with the research approach, research design, setting of the study, population, criteria for selection of sample, sample size, sampling technique, instrument, data collection, data analysis and protection of human rights.

According to Polit and Hungler, research methodology refers to the methodology refers to the researcher ways of obtaining, organizing and analyzing data.

Research Approach

Polit and Hungler, (2004) defined the approach as "a general set of orderly discipline procedures used to acquire information.

Quantitative approach was used to determine the effectiveness of IEC Package on knowledge and attitude regarding mental illness among women self help group.

Research Design

Nancy Burns, Susan. K. Groove (2005), defined research design as a blue print for conducting the study that maximizes control over factors that could interfere with the validity of the findings. The research design guides the researcher in planning and implementing the study in a way that is most likely to achieve the intended goal.

The pre experimental design (one group pre test and post test design) was selected for the study to evaluate the effectiveness of IEC package on knowledge and attitude regarding Mental illness. The diagrammatical representation of research design is given below

Pre test Day – 1	IEC Day –2	Post test Day -9
O_1	X	O_2

(O_2-O_1) = Effectiveness of IEC on mental illness

Key

O_1 = Assessment of level of knowledge and attitude regarding Mental Illness among Women Self Help Groups (pre-test).

X = IEC Package on mental illness

O_2 = Assessment of level of knowledge and attitude regarding Mental Illness among Women Self Help Groups (post-test).

Variables

A variable is "an attribute of a person or object that varies that is taken on different values"

- Dependent variable – knowledge and attitude regarding mental illness
- Independent variable – Information Education Communication package on mental illness
- Extraneous variable – age, marital status, religion, family history of mental illness, if present specify the treatment which they undergone, educational status, occupation, monthly income, previous exposure to knowledge regarding mental illness, source of information .

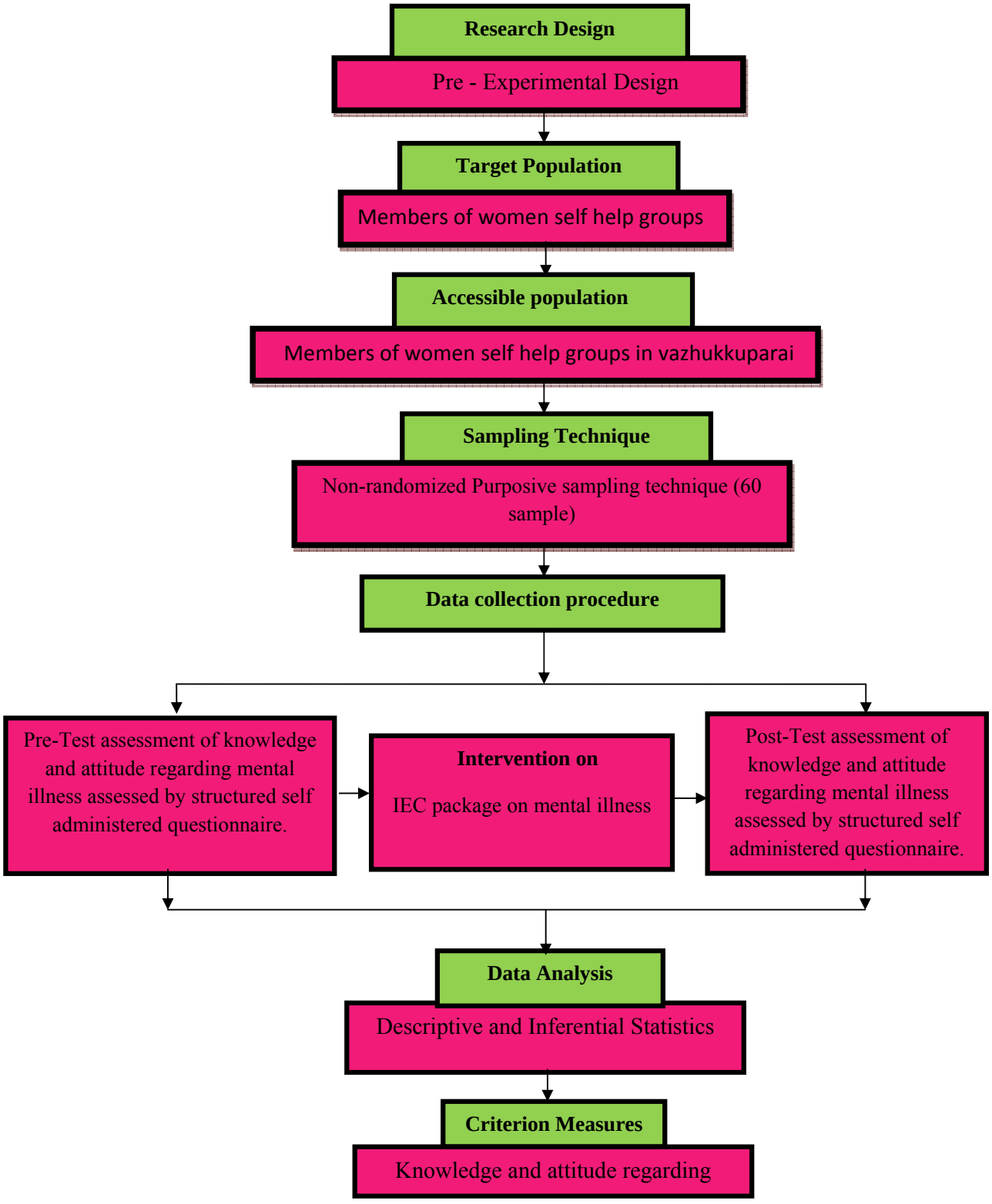

Figure 2: The Schematic Representation of Research Methodology

Setting of the Study

The study was conducted in Vazhikkupparai under Arisipalayam PHC. It is situated at a distance of 7 kms from Annai Meeanakshi College of Nursing. In this village total population was 1256 and there are 1008 female population. The main occupation of the village is agriculture and farming. In the village there are 8 women self help groups comprising 102 women. They engage in small self employment works like tailoring, farming, pet shop etc. The setting was chosen on the basis of feasibility in terms of availability of adequate sample and co-operation extended by the community people.

Population of the study

Polit and Hungler, (1991) stated that A population is the entire aggregation of cases in which the researcher is interested.

Target Population

The target population selected for this study was Members of women self help groups.

Accessible Population

The accessible population of this study was Members of women self help groups at vazhukkupparai village.

Sample and Sample Size

60 women in women self help groups in vazhukkupparai.

Sampling Technique

Polit and Hungler (1991)stated that it is a process of selecting the portion of the population.

Non Randomised of Purposive sampling Technique was used in this study. Survey was done for 2 days to identify the number of Women Self Help Groups in vazhukkupparai and number of women totally engaged in this programme. Based on the participants's inclusion criteria 60 samples were selected from the women self help groups.

Criteria for Sample Selection

Inclusion Criteria

- Women who are willing to participate
- Women who are in the age group between 20-60 years.
- Women who can read and write Tamil.

Exclusion Criteria

- Women who are not present at the time of the study
- Women who are deaf and dump.
- Women who are illiterate.

Development of the Instrument

The research instrument was developed the tool in English after the extensive review of literature and expert opinion. The structured self administered questionnaire, multiple choice knowledge questionnaire and three point likert attitude scale was developed to assess the knowledge and attitude regarding mental illness among the Women Self Help Groups.

Description of the Tool

The data was collected by structured self – administered questionnaire consist of 3 parts.

Part - I

Deals with demographic variables consist of age, marital status, religion, family history of mental illness, if present specify the treatment which they undergone, educational status, occupation, monthly income, previous exposure to knowledge regarding mental illness, if yes source of information .

Part – II

Deals with the questionnaire for the assessment of knowledge regarding mental illness. It consists of 20 multiple choice questions.

Part – III

Deals with 3 point likert scale for the assessment of attitude regarding mental illness. It consists of 20 statements where it contains 10 positive and 10 negative.

Scoring Procedure

Part –II

The pattern of question is multiple choice. The questionnaire consists of 20 items. The maximum possible score is 20, each correct answers has ’1’ score. Each wrong answer has ‘0’ score. The total 20 score interpreted as

Inadequate knowledge	-	0-25% (0-5)
Moderate knowledge	-	26-70% (6-14)
Adequate knowledge	-	71-100% (15-20)

Part –III

The pattern of question is three point likert scale. It consists of 20 statement in which 10 positive questions, and 10 negative questions. The score 3 was given for each correct answer. The score 2 was given for each uncertain answers. The score 1 was for each wrong answers. The total 60 score was interpreted as follows.

Unfavourable attitude	-	(0-50%) 20-30
Moderately favourable attitude	-	(51-83%) 31-50
Favourable attitude	-	(84-100%) 51-60

Information, Education and Communication Package (IEC)

It was developed by review of literature and obtaining experts opinion. The IEC package held for 1 hour duration comprised the overall objectives, specific

objectives, content, teacher – learner activities, summary and conclusion. It is comprise of certain domains which includes,

- Meaning of mental illness
- Causes of mental illness
- Signs and symptoms of mental illness
- Treatment of mental illness
- Psychiatric Rehabilitation
- Misconception towards mental illness

The method of teaching project was given by lecture cum discussion in Tamil Medium Liquid crystal display (LCD) projector was used as audio visual aid.

Validity and Reliability

Hostings – Tolsma (1989) stated that content validity is a judgment regarding how well the instrument represents the characteristics to the assessed. Judgment is based on prior research in the field and on the opinion of experts.

Content Validity of the Tool

According to Burns and Grove, (2005) "the validity of an instrument is the determination of the extent to which the instrument reflect the abstract constant that is being examined".

Six experts in nursing and two experts in medicine and one psychologist were evaluated the tool regarding the adequacy of content and the sequence in framing the questions. They advised to reduce the number of questions when it was

50,and ask to remove the classification of mental illness in the content. Based on their valid suggestion, reframing of the tool was done.

Reliability of the Tool

The tool was administered to 5 samples representing the characteristics of the population. The reliability was calculated through test re-test method and split half method. Test retest score for knowledge is (0.2) and attitude is (1.45). split half method score of knowledge is (0.6) and attitude is (0.25). Hence it is reliable.

Pilot Study

Polit and Beck, (2004) denote that "pilot study is a small-scale version or trial run done in preparation of a major study".

The researcher was conducted pilot study among ten women in Women Self Help Groups in meenakshipuram village, at Coimbatore. After obtaining the written consent. The data was collected for 8 days, pre-test knowledge and attitude level of mental illness among Women Self Help Groups was assessed by administering structured self administered questionnaire followed by that IEC was given regarding mental illness for 1 hour on day 1. In 7 days of interval again the same structured self administered questionnaire was administered to assess the post-test knowledge on 8th day. The mean pre test value of knowledge is 8.8 and standard deviation was2.32. The mean post test value of knowledge is 15.7 and standard deviation was 3.25 and the mean difference was 0.93 ,obtained t value for knowledge 11.63 and for attitude The mean pre test value of attitude is 35.5 and standard deviation was5.01. The mean post test value of attitude is 49.8 and standard deviation was 6.11 and the mean

difference was 1.1, t value is 7.14 which is significant at 0.05 level. The result revealed that setting, tool and sample are feasible to conduct the main study.

Data Collection Procedure

Data collection period was 12 days at vazhukkupparai village,Coimbatore . Permission to conduct the study was obtained from the Deputy Director of Health Services and Medical officer in Arisipalayam primary health centre. The samples were informed by the investigator about the nature and purpose of the study. The written consent and pre test knowledge and attitude level of mental illness was assessed from members of Women Self Help Groups by administering self administered questionnaire for 20 mts on day 1 by going home visit. Followed by that on 2nd day IEC package on mental illness was given for 1 hr through LCD. women asked to gather as four groups in varies places like school, panchayat office, houses for education. In 7 days of interval again with same structured self administered questionnaire was used to assess the post test knowledge and attitude on 9th day.

Plan for Data Analysis

The demographic variables were analyzed by using descriptive measures (frequency and percentage). The knowledge and attitude was assessed by using inferential measures (mean and standard deviation). The relationship between knowledge and attitude were analyzed by comparison of mean score, standard deviation and Karl pearsonian's correlation test. The effectiveness level of knowledge and attitude regarding Mental illness among women in women self help groups was assessed by't' test. The association between the knowledge and attitude regarding

mental illness with their selected demographic variable are analyzed using chi – square test.

Protection of Human Rights

The study was conducted after the approval of vazhukkupparai Panchayat. The nature and purpose of the study was explained to the members of women self help group. The written consent was obtained from the study participants to gain full co-operation. Assurance was given to the study samples that the anonymity of each individual would be maintained strictly.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of the collected data from 60 members of Women Self Help Groups and to assess the effectiveness of (Information, Education Communication) IEC package on mental illness. The purpose of analysis was to reduce the data to a manageable and interpretable form so that the research problem can be studied and tested.

Kerlinger, has defined analysis as "the categorizing, reducing, manipulating and summarizing of data to obtain assures to research hypothesis questions".

The analysis and interpretation of data of this study are based on data collected through structured self administered questionnaire among members of Women Self Help Groups regarding mental illness.

The Study findings are presented in sections as follows:

SECTION I : Data on Demographic Variables of Knowledge and Attitude Regarding Mental Illness among Women Self Help Groups

SECTION II : Data on Assessment of Knowledge and Attitude Regarding Mental Illness Among Women Self Help Groups

SECTION III : Data on Effectiveness of Information Education Communication Package on Knowledge and Attitude Regarding Mental Illness Among Women Self Help Groups

SECTION IV : Data on Relationship Between Knowledge and Attitude Regarding Mental Illness among Women Self Help Groups

SECTION V : Data on association Between Knowledge Regarding Mental Illness among Women Self Help Groups with Their Selected Demographic Variables.

SECTION VI : Data on Association Between Attitude Regarding Mental Illness among Women Self Help Groups with Their Selected Demographic Variables.

SECTION: I DATA ON DEMOGRAPHIC VARIABLES OF KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESS AMONG WOMEN SELF HELP GROUPS.

Table :1

Frequency and Percentage Distribution of Women Self Help Groups in relation to Demographic Variables.

N =60

S.No.	Demographic Variables	n	%
1	Age (years)		
	a) 20-30	20	33
	b) 31-40	28	47
	c) 41-50	10	17
	d) 51-60	2	3
2	Marital status		
	a) Un married	0	0
	b) Married	56	93
	c) Widow	4	7
	d) Divorce	0	0
3	Religion		
	a) Hindu	49	82
	b) Christian	11	18
	c) Muslim	0	0
	d) Others	0	0

Contnd...

S. No.	Demographic Variables	n	%
4	History of mentally ill person in the family		
	a) Yes	1	2
	b) No	59	98
5	If present specify the treatment which they undergone		
	a) Poojas and Mantras	0	0
	b) Medication	1	100
	c) Marriage	0	0
6	Educational qualification		
	a) Primary	16	27
	b) Secondary	34	57
	c) Higher secondary	7	12
	d) Degree.	3	5
7	Occupational status		
	a) Government Employee	3	5
	b) Private Employee	37	62
	c) Self employee	20	33

Contnd...

S. No.	Demographic Variables	n	%
8	Monthly income		
	a) Below ` 5000	23	38
	b) ` 5001- ` 7000	36	60
	c) ` 7001- ` 10000	1	2
	d) Above ` 10001	0	0
9	Previous exposure to knowledge regarding mental illness		
	a) Yes	18	30
	b) No	42	70
10	Source of information		
	a) Mass Media	11	61
	b) Health personnel	2	11
	c) Relatives and Friends	5	28

Table 1 reveals that, regarding age, majority of the women 28 (46.7%)belongs to the age group of 31-40yrs,20(33%) belongs to the age group of 20-30 yrs and 10(17%) belongs to the age group of 41-50and 2(3) belongs to 51-61yrs of age group.

Regarding marital status majority of the women 56(93%) were married and 4(7%) were widow and none of them were single or divorced.

Regarding the religion of the women 49(82%) were Hindu and 11(18%) were Christian, and 0(0) were Muslims and others.

Regarding the history of mentally ill family members 59(98%) were said no and 1(2%) was said yes.

Regarding specification of the treatment which they undergone ,1(2%) was said that the medication and none of them told pooja, marriage or others.

Regarding the educational status, majority of the women 34(57%) were coming under secondary education .and 16(27%) were primary education and 7(12%) were higher education and 3(5%) were degree holder.

Regarding Occupational status ,majority of the women 37(62%) were private employee and 20(33%) were Self employee and 3(5%) Government Employee.

Regarding Monthly income, majority of the women 36(60%) were coming under ` 5001 - ` 7000 Category and 23(38%) were under Below ` 5000 and 1(2%) were under ` 7001- ` 10000 and 0(%) were Above ` 10001.

Regarding Previous exposure to knowledge regarding mental illness ,42(70%) were said no and 18(70%) were said yes.

Regarding Source of information, 11(18%) were through Mass Media and 2(3%) were through Health personnel and 5(8%) were through Relatives and Frien

SECTION II: DATA ON ASSESSMENT OF KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESS AMONG WOMEN SELF HELP GROUPS

Table 2.1

Frequency and Percentage Distribution of Women Self Help Groups on Pre Test Knowledge Regarding Mental Illness

N=60

S.No.	Level of knowledge	Classification of Respondents	
		n	%
1	Adequate knowledge	0	0
2	Moderately adequate knowledge	54	90
3	Inadequate knowledge	6	10

Table 2.1 shows the Pre test level of knowledge regarding mental illness among members of Women Self Help Groups, Among 60 women 53 (88%) were under moderately adequate knowledge, 6 (33.3%) of total women were under inadequate knowledge and 1(2%)were under adequate knowledge.

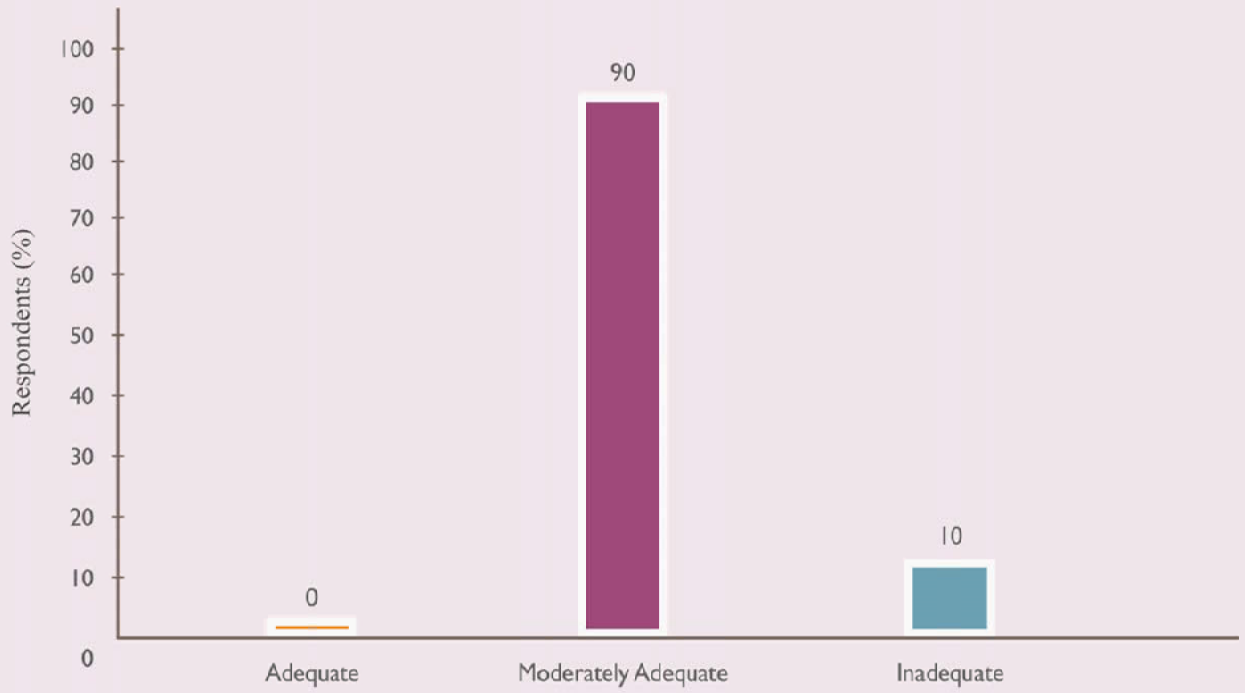

Fig 3 : Percentage Distribution of Pre-test Level of Knowledge regarding Mental Illness among Women Self Help Groups.

Table 2.2

Frequency and Percentage Distribution of Women Self Help Groups on Pre Test Attitude Regarding Mental Illness

N=60

S.No.	Level of Attitude	Classification of Respondents	
		n	%
1	Favourable attitude	0	0
2	Moderately favourable attitude	57	95
3	Unfavourable attitude	3	5

Table 2.2 shows the Pre test level of attitude regarding mental illness among members of Women Self Help Groups, among 60 women 54 (90%) were under moderately favourable attitude, 3 (5%) of total samples were under Unfavourable attitude and 3(5%)were under favourable attitude.

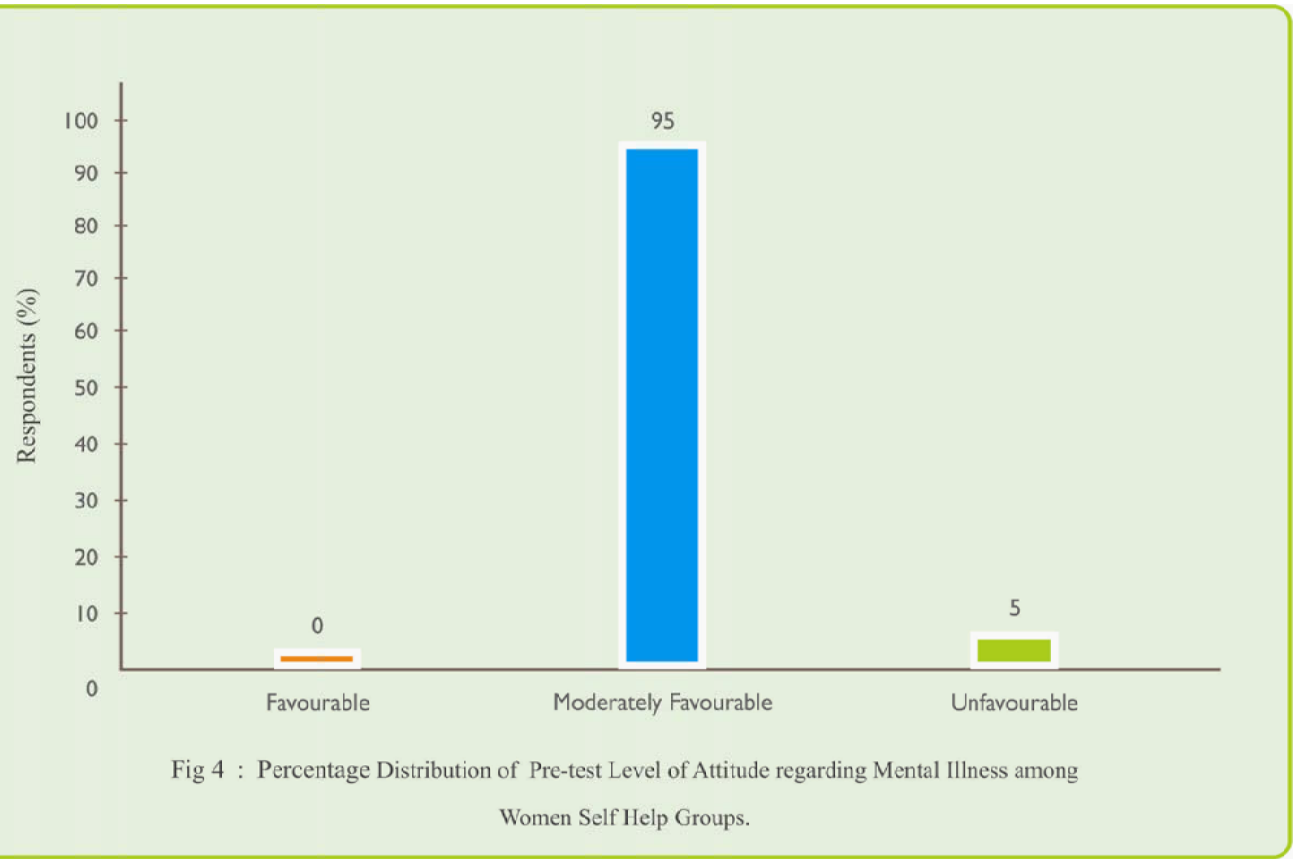

Fig 4 : Percentage Distribution of Pre-test Level of Attitude regarding Mental Illness among Women Self Help Groups.

SECTION III: DATA ON EFFECTIVENESS OF INFORMATION EDUCATION COMMUNICATION PACKAGE ON KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESSAMONG WOMEN SELF HELP GROUPS.

Table 3.1

Frequency and Percentage Distribution of Women Self Help Groups on Pre and Post Test Knowledge Regarding Mental Illness.

N=60

S. No.	Level of knowledge	Classification of Respondents			
		n	%	n	%
1	Adequate knowledge	0	0	45	75
2	Moderately adequate knowledge	54	90	15	25
3	Inadequate knowledge	6	10	0	0

Table 3.1 shows the Pre Test level of knowledge regarding mental illness among members of Women Self Help Groups, 51 (66.7%) were under moderately adequate knowledge, 6 (33.3%) of total samples were under inadequate knowledge. and 1(%)were under Adequate knowledge. It is inferred that none of the women in Women Self Help Groups has adequate knowledge regarding mental illness but most of the women has moderately adequate knowledge. Post test level of knowledge. Majority 45 (75%) were under moderately adequate knowledge, 0(0%) of total samples were under inadequate knowledge and 15(25%) were under Adequate Knowledge. It is inferred that 75 % of the women has moderately adequate knowledge and 25% has adequate knowledge and none of them has inadequate knowledge after the IEC Package.

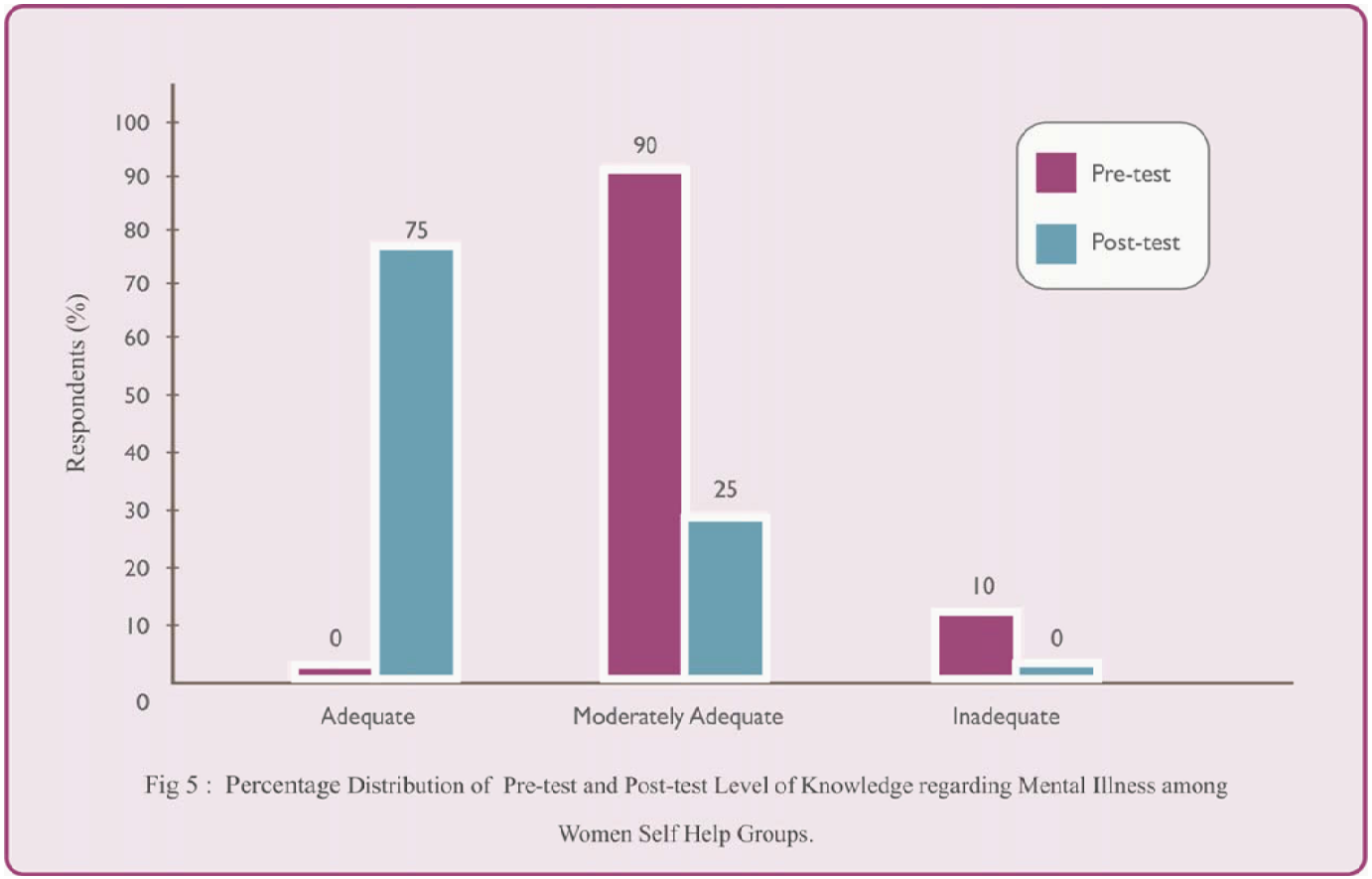

Fig 5 : Percentage Distribution of Pre-test and Post-test Level of Knowledge regarding Mental Illness among Women Self Help Groups.

Table 3.2

Frequency and Percentage Distribution of Women Self Help Groups on Pre and Post Test Attitude Regarding Mental Illness

N=60

S. No.	Level of attitude	Classification of Respondents			
		n	%	n	%
1	Favourable attitude	0	0	42	70
2	Moderately favourable attitude	57	95	18	30
3	Unfavourable attitude	3	5	0	0

Table 3.2 shows the Pre Test level of attitude regarding mental illness among members of Women Self Help Groups, in pre – test majority 54 (90%) were under moderately favourable attitude, 3 (5%) of total samples were under unfavourable attitude. and 3(5%)were under favourable attitude. It is inferred that majority of the women had moderately favourable attitude and only very few has unfavourable and favourable attitude. In post – test majority 42 (70%) were under Moderately favourable attitude, 18 (30%) of total samples were under favourable attitude. and 0(0%)were under unfavourable attitude. It is inferred that majority of the women has favourable attitude and moderately favourable attitude and none of them has unfavourable attitude after the education on mental illness.

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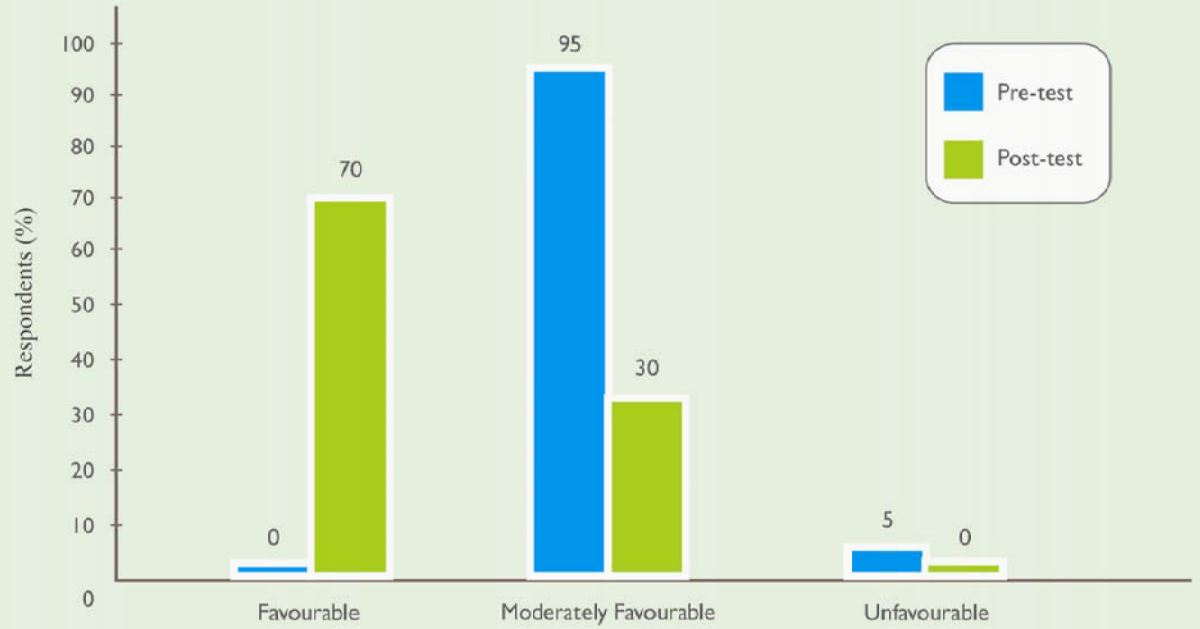

Fig 6 : Percentage Distribution of Pre-test and Post-test Level of Attitude regarding Mental Illness among Women Self Help Groups.

Table 3.3

Mean, Standard Deviation, Mean Difference and 't' Value of Knowledge Regarding Mental Illness among Women Self Help Groups.

N=60

S. No.	Aspects	Mean	SD	MD	't' Value
1.	Pre-test	8.9	2.55	0.15	27.70*
2.	Post-test	15.8	2.70		

* - Significant at P<0.05evel

The above table 3.3 shows the effectiveness of IEC package on knowledge regarding mental illness among Women Self Help Groups. the pre-test knowledge mean score was8.9, standard deviation was 2.56 and post-test mean score was 15.8, standard deviation 2.70 and the mean difference is 0.14, the 't' value was 27.70, which is statistically significant at 0.05 level. Hence stated hypothesis:H_1 is accepted.

H_1 : There will be significant difference between pre and post test knowledge score regarding Mental illness among Women Self Help Groups.

It is inferred that the post test knowledge was higher than the pre test knowledge due to the IEC package. Thus IEC package on mental illness were proven effective in improving knowledge regarding mental illness

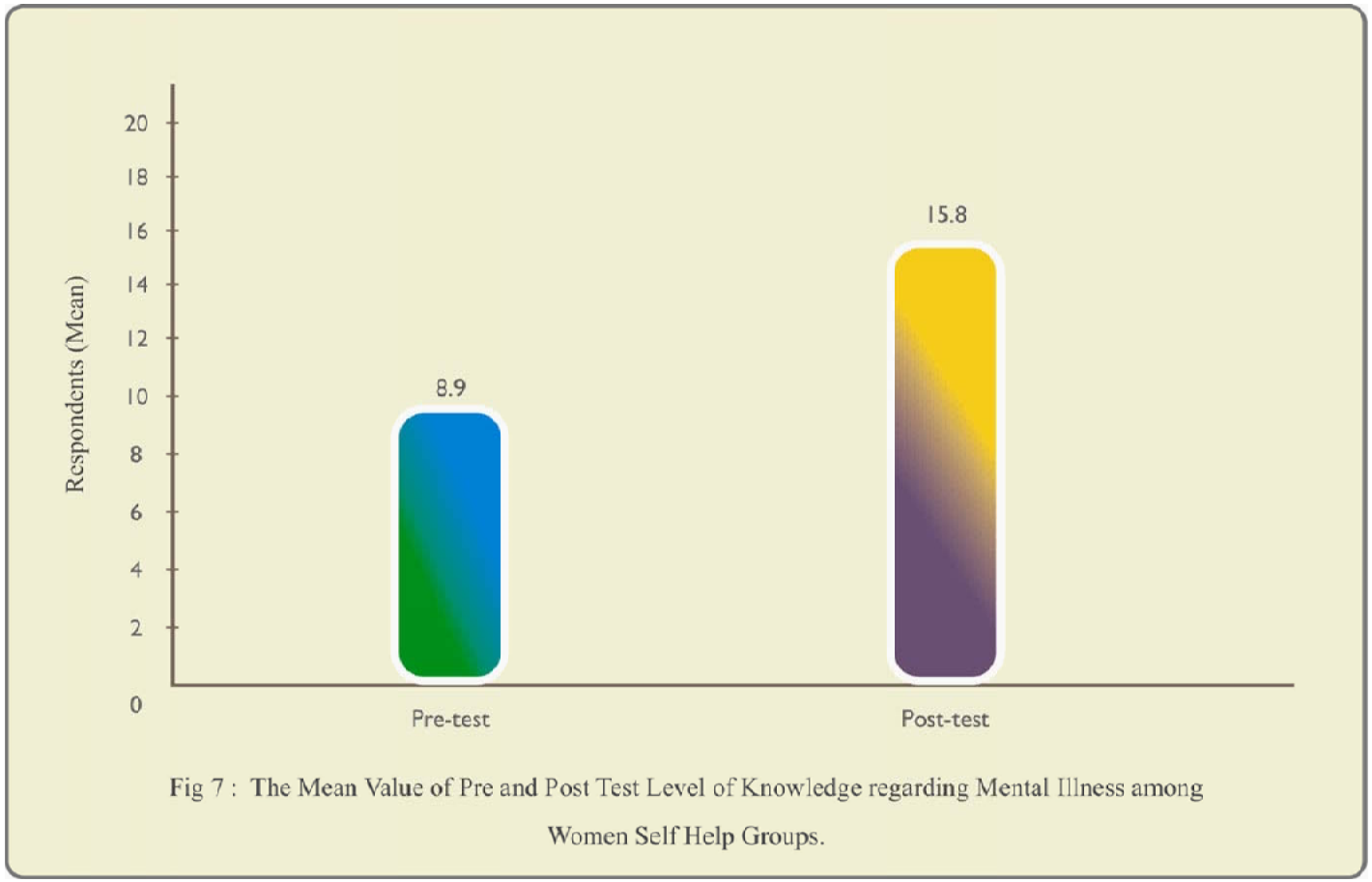

Fig 7 : The Mean Value of Pre and Post Test Level of Knowledge regarding Mental Illness among Women Self Help Groups.

Table 3.4

Mean, Standard Deviation, Mean Difference and 't' Value of attitude

Regarding Mental Illness among Women Self Help Groups.

N=60

S. No.	Aspects	Mean	SD	MD	't' Value
1.	Pre-test	40.9	4.58	0.9	15.09*
2.	Post-test	51.5	5.17		

* - Significant at P<0.05evel

The above table 3.4 shows the effectiveness of IEC package on attitude regarding mental illness among Women Self Help Groups. The pre-test attitude mean score was, 41.2 standard deviation was 5.01 and post-test mean score was 51.5, standard deviation 5.17 and the mean difference is 0.16, the 't' value was 21.24, which is statistically significant at 0.05 level. Hence stated hypothesis: H_2 is accepted.

H_2 : There will be significant difference between pre and post test attitude score regarding Mental illness among Women Self Help Groups.

It is inferred that the post test knowledge was higher than the pre test knowledge due to the IEC package. Thus IEC package on mental illness were proven effective in gaining desirable attitude regarding mental illness

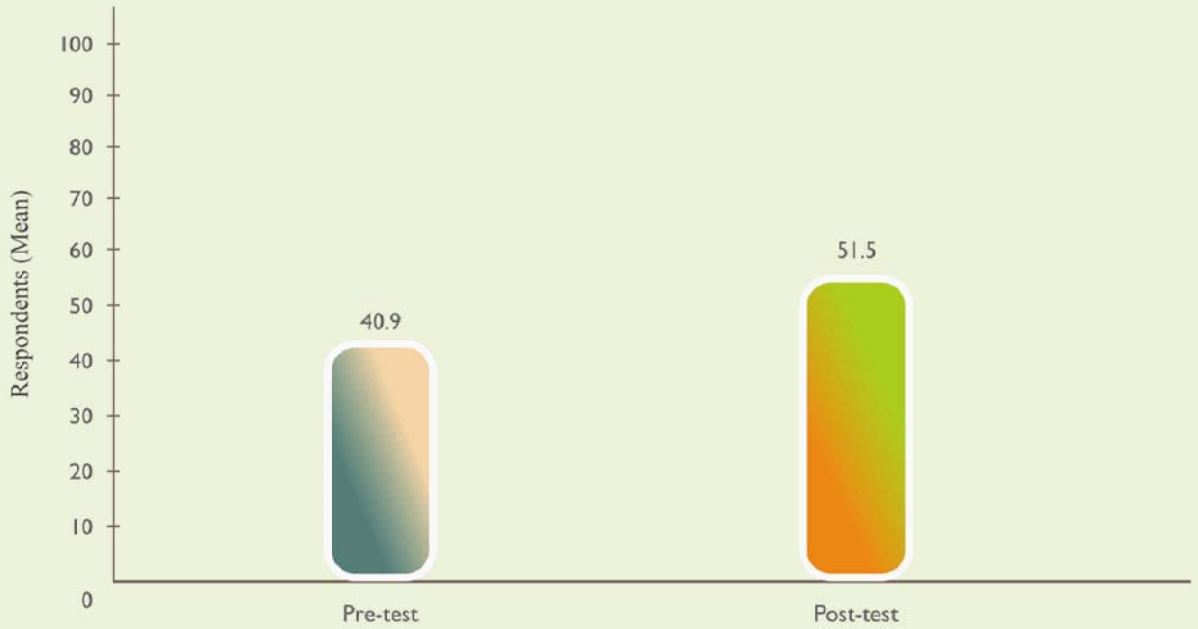

Fig 8 : The Mean of Pre and Post Test Level of Attitude regarding Mental Illness among Women Self Help Groups.

SECTION: IV DATA ON RELATIONSHIP BETWEEN KNOWLEDGE AND ATTITUDE REGARDING MENTAL ILLNESS AMONG WOMEN SELF HELP GROUPS

Table : 4

Mean, Standard Deviation, Mean Difference and 'r' Value of Knowledge and Attitude Regarding Mental Illness among Women Self Help Groups

N=60

S. No	Aspects	Knowledge		Attitude		r value
		Mean	SD	Mean	SD	
1	Pre test	8.9	2.55	40.9	4.58	0.45
2	post test	15.8	2.70	51.5	5.17	0.22

Table 4 shows the relationship between the knowledge and attitude regarding mental illness among Women Self Help Groups. In pre test the mean score of knowledge was 8.9 and SD was 2.56.and pre test attitude mean score was 41.2 and SD is 5.01and the r value was 0.49 which is positively correlated.

In post test the mean score of knowledge was 15.8 and SD was 2.70.and post test attitude mean score was 51.5 and SD is 5.17and the r value was 0.22 which is positively correlated.. Hence the stated hypothesis H_3 was accepted.

H_3 : There will be a significant relationship between the knowledge and attitude regarding mental illness among Women Self Help Groups

It is inferred that there is a significant relationship between the knowledge and attitude regarding mental illness among Women Self Help Group.

SECTION:V DATA ON ASSOCIATION BETWEEN KNOWLEDGE REGARDING MENTAL ILLNESS AMONG WOMEN SELF HELP GROUPS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

Table: 5.1

Frequency, Percentage Distribution and $\chi 2$ value on Pre-test Level of Knowledge Regarding Mental Illness.

N=60

S. No.	Demographic Variables	Moderately adequate		Inadequate		χ^2 Value
		n	%	n	%	
1	Age (in years)					
	a) 20-30	18	30	2	3	
	b) 31-40	26	44	2	3	1.57
	c) 41-50	8	14	2	3	df=3
	d) 51-60	2	3	0	0	
2	Marital status					
	a) Married	51	85	5	8	1.07
	b) Widow	3	5	1	2	df=3
3	Religion					
	a) Hindu	44	73	5	8	0.01
	b) Christian	10	17	1	2	df=2
4	History of mentally ill relative					
	a) Yes	1	2	0	0	0.11
	b) No	53	88	6	10	df=1
5	Education					
	a) Primary	14	23	2	3	0.6
	b) Secondary	31	52	3	5	df=3

	c) Highersecondary	6	10	1	2	
	d) Degree	3	5	0	0	
S. No.	Demographic Variable	Moderately adequate		Inac		(Contd.,) Value
		n	%	n	%	
6	Occupation					
	a) Government employee	3	5	0	0	1.02
	b) Private employee	34	57	3	5	df=2
	c) Self employee	17	28	3	5	
7	Income					
	a) < ` 5000	20	33	3	5	0.45
	b) ` 5000-` 10000	33	55	3	5	df=2
	c) ` 7001- ` 10000	1	2	0	0	
8	Previous knowledge regarding mental illness					
	a) Yes	18	30	0	0	2.4
	b) No	36	60	6	10	df=1
9	If yes specify the source of information					
	a) Mass media	11	61	0	0	
	b) Health personal	2	11	0	0	9.0*
	c) Relatives and friends	5	28	0	0	df=2

*-Significant

Table 5.1 reveals that, Association between the pre test level of knowledge with their selected demographic variables.

With regard to age, majority of 28 women among 31-40yrs, 26(44%) were moderately adequate knowledge and 2(3%) were inadequate knowledge, among 20 belongs to the age group of 20-30yrs,18(30%) were moderately adequate knowledge,2(3.3%) were inadequate knowledge. Among 10 women of 41-50yrs , 8(14%)were moderately adequate knowledge and 2(3%) were inadequate knowledge and 2(3%) were moderately adequate knowledge under 51-60yrs. .The obtained $\chi 2$ value 1.57 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between age and level of knowledge among members of Women Self Help Groups .Hence stated hypothesis H_4 was not accepted.

H_4 : There will be a significant association between the pre and post test level of knowledge and attitude regarding mental illness among Women Self Help Groups with their selected demographic variables.

Regarding marital status majority of the women 56 were married among them 51(85%) moderately adequate ,5(8%) were inadequate knowledge and among the widow 1(1.6%) were inadequate knowledge and 3(5%) were moderately adequate knowledge. The obtained $\chi 2$ value 1.07 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between marital status and level of knowledge among members of Women Self Help Groups .Hence stated hypothesis (H_4) was not accepted.

Regarding the religion of the women 49 were Hindu among them 44(73%) were moderately adequate 5(8%) were inadequate knowledge and 1(1.6%) and 11 were Christian among them10(17%) were moderately adequate knowledge 1(2%) were inadequate knowledge. the obtained $\chi 2$ value 0.04 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between religion and level of knowledge among members of Women Self Help Groups . Hence stated hypothesis(H_4) was not accepted.

Regarding the history of mentally ill family members 59 were said no among them 53(88%), 6(10%) were inadequate knowledge and 1(2%) were adequate knowledge. and 1was said yes they were coming under moderately adequate knowledge. The obtained $\chi 2$ value 0.112 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between the history of mentally ill family members and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis(H_4) was not accepted.

Regarding the educational status, majority of the women 34 were coming under secondary education among them 31(52%) were moderately adequate knowledge,3(5%) were inadequate knowledge and 16 were primary education among them 14(23%) were moderately adequate and 2(3%) were inadequate knowledge and 7 were higher education among them 6(10%) were moderately adequate knowledge and 1(2%) were inadequate knowledge and 3 were degree holder and they were moderately adequate. The obtained $\chi 2$ value 0.62 was statistically significant at 0.05 level and thus it is inferred that there is significant association between educational

status and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis (H_4) was accepted

Regarding Occupational status majority of the women 37 were private employee among them 34(57%) were moderately adequate ,3(5%) were inadequate knowledge. And 20 were Self employee among them 17(28%) were moderately adequate .3(5%) were inadequate and 3 Government Employee coming under moderately adequate. The obtained $\chi 2$ value 1.02 was statistically significant at 0.05 level and thus it is inferred that there is significant association between occupational status and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis(H_4) was accepted.

Regarding Monthly income majority of the women 36 were coming under ` 5001-` 7000 Category among them 33(55%) moderately adequate knowledge ,3(5%) were inadequate knowledgeand.23 were under Below ` 5000 among them 20(33%) were moderately adequate .3(5%) were inadequate knowledge and 1(2%) were adequate knowledge .The obtained $\chi 2$ value 0.45 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between monthly income and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis (H_4) was not accepted.

Regarding Previous exposure to knowledge regarding mental illness 42 were said no among them 36(60%) were moderately adequate , 6(10%) were inadequate knowledge and 19 were said yes among them 18(29%) were moderately adequate and 1(2%) were adequate knowledge. The obtained $\chi 2$ value 2.85 was statistically not

significant at 0.05 level and thus it is inferred that there is no significant association between Previous exposure to knowledge regarding mental illness and level of knowledge among members of Women Self Help Groups .Hence stated hypothesis(H_4) was accepted

Regarding Source of information 11(18%) were through Mass Media coming under moderate knowledge and In Health personnel 1(1.6%) were moderately adequate knowledge and 1(1.6%) were moderately adequate knowledge and 1(1.7%) were adequate knowledge and 5 (10%)were through Relatives and Friends have moderately adequate knowledge. The obtained $\chi 2$ value 9.055 was statistically significant at 0.05 level and thus it is inferred that there is significant association between source of the information and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis (H_4) was not accepted.

Table 5.2

Frequency, Percentage Distribution and $\chi 2$ value on Post-test Level of knowledge regarding Mental Illness.

N=60

S.No.	Demographic Variables	Adequate		Moderately Adequate		χ^2 Value
		n	%	n	%	
1	Age (in years)					
	a) 20-30	10	16	10	17	
	b) 31-40	24	40	4	7	10.33*
	c) 41-50	9	15	1	2	df=3
	d) 51-60	2	3	0	0	
2	Religion					
	a) Hindu	39	65	10	17	3
	b) Christian	6	10	5	8	df=3
3	History of mentally ill relative					
	a) Yes	44	73	15	25	3.04
	b) No	1	2	0	0	df=1
4	Education					
	a) Primary	14	23	2	3	13.04*
	b) Secondary	27	45	7	12	df=3
	c) Higher secondary	3	5	4	7	
	d) Degree	1	2	2	3	

(Contd.,)

S.No.	Demographic Variables	Adequate		Moderately Adequate		χ^2 Value
		n	%	n	%	
6	Occupation					
	a) Government employee	1	2	2	3	3.9 df=2
	b) Private employee	27	45	10	17	
	c) Self employee	17	28	3	5	
7	Income					
	a) < ` 5000	18	30	5	8	3.10 df=3
	b) ` 5000- ` 10000	27	45	9	15	
	c) ` 7000-` 10000	0	0	1	2	
8	Previous knowledge regarding mental illness					
	a) Yes	3	5	15	25	49.61* df=1
	b) No	42	70	0	0	
9	If yes specify the source of information					
	a) Mass media	1	5	10	55	0.484 df=2
	b) Health personal	2	11	0	0	
	c) Relatives and friends	0	0	5	29	

* Significant .

Table 5.2 reveals that, Association between the post test level of knowledge with their selected demographic variables.

With regard to age, majority of 28 women among 31-40yrs 4(7%) were moderately adequate knowledge and 0(0%) were inadequate knowledge,24(40%) were adequate knowledge. among 20-30yrs,10(17%) were moderately adequate knowledge,10(17%) were adequate knowledge. Among 10 women of 41-50yrs , 1(2%)were moderately adequate knowledge 9(15%) were adequate knowledge. Among 51-60 yrs 2(3%) were moderately adequate knowledge. The obtained $\chi 2$ value 10.33 was statistically significant at 0.05 level and thus it is inferred that there is no significant association between age and level of knowledge among members of Women Self Help Groups .Hence stated hypothesis H_4 was not accepted.

H_4 : There will be a significant association between the pre and post test level of knowledge and attitude regarding mental illness among Women Self Help Groups with their selected demographic variables.

Regarding the religion of the women 49 were Hindu among them 10(17%) were moderately adequate, 39(65%) were adequate knowledge and 11 were Christian among them 5(8%) were moderately adequate knowledge 6(10%) were inadequate knowledge. the obtained $\chi 2$ value 3 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between religion and level of knowledge among members of Women Self Help Groups . Hence stated hypothesis(H_4) was not accepted.

Regarding the history of mentally ill family members 59 were said no among them 15(25%) moderately adequate knowledge 44(73%) were adequate knowledge . and 1(2%) was said yes they were coming under adequate knowledge. The obtained $\chi 2$ value 3.04 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between the history of mentally ill family members and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis(H_4) was not accepted.

Regarding the educational status, majority of the women 34 were coming under secondary education among them 7(12%) were moderately adequate knowledge,3(5%) and 27(45%) were adequate knowledge .and 16 were primary education among them 14(23.%) were adequate and 2(3%) were moderately adequate knowledge and 7 were higher education among them 4(7%) were moderately adequate knowledge and 3(5%) were adequate knowledge and 3 were degree holder and they were1(2%) in adequate and 2(3%) in moderately adequate. The obtained $\chi 2$ value 13.04 was statistically significant at 0.05 level and thus it is inferred that there is significant association between educational status and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis (H_4) was accepted

Regarding Occupational status majority of the women 37 were private employee among them 10(17%) were moderately adequate ,and 27(45%) were adequate knowledge. And 20(33.3%) were Self employee among them 17(28.3%) were adequate .3(5%)were moderately adequate and 3 Government Employee coming under moderately adequate. The obtained $\chi 2$ value 3.9 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association

between occupational status and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis(H_4) was accepted.

Regarding Monthly income majority of the women 36 were coming under ` 5001- ` 7000 Category among them 9(15%) moderately adequate knowledge ,27(45%) were adequate knowledgeand.23 were under Below ` 5000 among them 5(8%) were moderately adequate . and 18(30%) were adequate knowledge and 1 were under ` 7001- ` 10000 have 1(1.7%) were moderately adequate knowledge and 0(%) were Above ` 10001.The obtained $\chi 2$ value 3.10 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between monthly income and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis (H_4) was not accepted.

Regarding Source of information 11 were through Mass Media coming 1(5%) under moderate knowledge and 10(55%) were adequate knowledge. through Health personnel among 2(11%)were moderately adequate knowledge and 1(5%) were adequate knowledge and 59(29%) were through Relatives and Friends have adequate knowledge. The obtained $\chi 2$ value 0.48 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between source of the information and level of knowledge among members of Women Self Help Groups. Hence stated hypothesis (H4) was not accepted.

SECTION VI : DATA ON ASSOCIATION BETWEEN ATTITUDE REGARDING MENTAL ILLNESS AMONG WOMEN SELF HELP GROUPS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES.

Table: 6.1
Frequency, Percentage and $\chi 2$ Distribution on Pre-test Level of Attitude regarding Mental Illness.

N=60

S.No.	Demographic Variables	Moderately Favourable attitude		Un favourable attitude		χ^2 Value
		n	%	n	%	
1	Age (in years)					
	a) 20-30	20	34	0	0	2.95
	b) 31-40	27	45	1	2	df=3
	c) 41-50	8	13	2	3	
	d) 51-60	2	3	0	0	
2	Marital status					
	a)Married	54	90	2	3	3.01
	b)Widow	3	5	1	2	df=3
3	Religion					
	a) Hindu	47	78	2	3	0.13
	b) Christian	10	17	1	2	df=3
4	History of mentally ill relative					
	a) Yes	1	2	0	0	0.07
	b) No	56	93	3	5	df=1

(Contd.,)

S.No.	Demographic Variables	Moderately Favourable attitude		Un favourable attitude		χ^2 Value
		n	%	n	%	
5	Education					
	a) Primary	15	25	1	2	1.75
	b) Secondary	32	53	1	2	df=3
	c) Higher secondary	7	11	1	2	
	d) Degree	3	5	0	0	
6	Occupation					
	a) Government employee	3	5	0	0	1.62 d.f =2
	b) Private employee	36	60	1	2	
	c) Self employee	18	30	2	3	
7	Income					
	a) < ` 5000					0.09
	b) ` 5000 - ` 10000	22	37	1	2	df=2
	c) > ` 10000	34	56	2	3	
		1	2	0	0	
8	Previous knowledge regarding mental illness					
	a) Yes	17	28	1	2	0.01
	b) No	40	67	2	3	df=1
9	If yes specify the source of information					
	a) Mass media	10	55	1	5	0.6
	b) Health personal	2	11	0	0	df=2
	c) Relatives and friends	5	28	0	0	

* Significant .

Table 6.1 reveals that, Association between the pre test level of attitude with their selected demographic variables.

With regard to age, majority of 28 women among 31-40yrs,27(45%) were moderately favourable and 1(2%) were unfavourable .20 belongs to the age group of 20-30yrs,among them 20(30%) were moderately favourable ,among 10 in 41-50 yrs 8(13%)were moderately favourable 2(3%) were inadequate and 2 were 51-60 yrs coming under moderately favourable. The obtained $\chi 2$ value 2.95 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between age and level of attitude among members of Women Self Help Groups .Hence stated hypothesis (H_5) was not accepted.

H_5 : There will be a significant association between the pre and post test level of attitude regarding mental illness among Women Self Help Groups with their selected demographic variables.

Regarding marital status majority of the women 56 were married among them 54(90%) moderately favourable ,2(3%) were unfavourable . and 4 were widow among them 3(5%) were moderately favourable and 1(2%) were unfavourable . The obtained $\chi 2$ value 3.01 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between marital status and level of attitude among members of Women Self Help Groups . Hence stated hypothesis (H_5) was not accepted.

Regarding the religion of the women 49 were Hindu among them 47(78%) were moderately favourable 2(3%) were unfavourable 11 were Christian among them

10(17%) were moderately favourable1(2%) were unfavourable . the obtained $\chi 2$ value 0.13 was not statistically significant at 0,001 level and thus it is inferred that there is no significant association between religion and level of attitude among members of Women Self Help Groups . Hence stated hypothesis (H_5) was not accepted.

Regarding the history of mentally ill family members 59 were said no among them 56(93%) moderately favourable,3(5%) were unfavourable and. and 1was said yes they were coming under moderately favourable. The obtained $\chi 2$ value 0.07 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between the history of mentally ill family members and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding the educational status, majority of the women 34 were coming under secondary education among them 32(53%) were moderately favourable ,1(2%) were unfavourable. and 16 were primary education among them 15(25%) were moderately favourable and 1(2%) were unfavourable, 7 were higher education among them 7(11%) were moderately favourable ,1(2%) were unfavourable and 3 were degree holder and they were moderately favourable .The obtained $\chi 2$ value 1.77 was statistically not significant at 0.05 level and thus it is inferred that there is no significant association between educational status and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding Occupational status majority of the women 37 were private employee among them 36(60%) were moderately adequate ,1(2%) were unfavourable

. And 20 were Self employee among them 18(30%) were moderately favourable .2(3%)were unfavourable and 3(5%) were Government Employee coming under moderately favourable . The obtained $\chi 2$ value 1.62 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between occupational status and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding Monthly income majority of the women 36 were coming under ` 5001- ` 7000 Category among them 34(56%) moderately favourable ,2(3%) were unfavourable ,1(2%) were favourable and.22(37%)were under Below ` 5000 among among the ` 7000 - ` 10000 ,1(2%) were moderately favourable and 0(%) were Above ` 10001.The obtained $\chi 2$ value is 0.095 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between monthly income and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding Previous exposure to knowledge regarding mental illness 42 were said no among them 40(67%) were moderately favourable ,2(3%) were unfavourable and 18 were said yes among them 17(28%) were moderately favourable and 1(2%) were favourable. The obtained $\chi 2$ value 0.05 was statistically significant at 0,05 level and thus it is inferred that there is significant association between Previous exposure to attitude regarding mental illness and level of knowledge among members of WSHG .Hence stated hypothesis (H_5) was accepted.

Regarding Source of information 11 were through Mass media among 10(7%) coming under moderate favourable, 1(2%) were favourable and 2 were through Health personnel 2(3%) were moderately favourable and 5(8%) were through Relatives and Friends have moderately adequate knowledge. The obtained $\chi 2$ value 0.65 was statistically significant at 0.05 level and thus it is inferred that there is significant association between source of the information and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was accepted.

Table: 6.2

Frequency, Percentage Distribution and $\chi 2$ value on Post-test Level of Attitude regarding Mental Illness.

N=60

s.no	Demographic Variables	Favourable attitude		moderately favourable attitude		χ^2 Value
		n	%	n	%	
1	Age (in years)					
	a) 20-30	12	20	8	13	1.08
	b) 31-40	20	27	8	20	df=3
	c) 41-50	10	17	0	0	
	d) 51-60	0	0	2	3	
2	Marital status					
	a)Married	41	68	15	25	2.69
	b)Widow	1	2	3	5	df=3
3	Religion					
	a) Hindu	32	53	17	28	2.8
	b) Christian	10	17	1	2	df=3
4	History of mentally ill relative					
	a) Yes	1	2	0	0	0.043
	b) No	41	68	18	30	df=1
5	Education					
	a) Primary	6	10	10	16	
	b) Secondary	28	46	6	10	10.17*
	c) Higher secondary	5	10	2	3	df=3
	d) Degree	3	5	0	0	

Contnd....

S.No	Demographic Variables	Favourable attitude		moderately favourable attitude		χ^2 Value
		n	%	n	%	
6	Occupation					
	a) Government employee	2	3	1	2	1.53
	b) Private employee	28	47	9	15	df=2
	c) Self employee	12	20	8	13	
7	Income					
	a) < ` 5000	10	17	18	30	
	b) ` 5000 - ` 10000	31	52	0	0	1.41
	c) ` 7000 - ` 10000	1	2	0	0	df=2
8	Previous knowledge regarding mental illness					
	a) Yes	14	24	4	6	0.57
	b) No	28	46	14	24	df=1
9	If yes specify the source of information					
	a) Mass media	9	50	2	11	
	b) Health personal	2	11	0	0	0.003
	c) Relatives and friends	3	17	2	11	df=2

*Significant .

Table 6.2 reveals that, Association between the post test level of attitude with their selected demographic variables.

With regard to age, majority of 28 women among 31-40yrs,12(20%) were moderately favourable and 1(2%) ,16(27%) were favourable .20 belongs to the age group of 20-30yrs,among them 18(13%) were moderately favourable ,12(20%) were favourable among 10 were moderately favourable and 2 (3%)were 51-60 yrs coming under moderately favourable. The obtained $\chi 2$ value 1.08 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between age and level of attitude among members of Women Self Help Groups .Hence stated hypothesis (H_5) was not accepted.

H_5: There will be a significant association between the pre and post test level attitude regarding mental illness among Women Self Help Groups with their selected demographic variables.

Regarding marital status majority of the women 56 were married among them 15(25%) moderately favourable ,41(68%) were favourable. and 4 were widow among them 3(5%) were moderately favourable and 1(2%) were favourable . The obtained $\chi 2$ value 2.69 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between marital status and level of knowledge among members of Women Self Help Groups . Hence stated hypothesis (H_5) was not accepted.

Regarding the religion of the women 49 were Hindu among them 17(28%) were moderately favourable 32(53%) were favourable and 11 were Christian among them 10(17%) were favourable1 (2%) were moderately favourable . the obtained $\chi 2$ value 2.8 was not statistically significant at 0.05 level and thus it is inferred that

there is no significant association between religion and level of attitude among members of Women Self Help Groups . Hence stated hypothesis (H_5) was not accepted.

Regarding the history of mentally ill family members 59 were said no among them 42(70%) favourable,3(5%) were moderately favourable. and 1was said yes they were coming under favourable. The obtained $\chi 2$ value 0.43 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between the history of mentally ill family members and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding the educational status, majority of the women 34 were coming under secondary education among them 6(10%) were moderately favourable ,28(47%) were favourable and. and 16 were primary education among them 10(17%) were moderately favourable and 6(10%) were favourable, 7 were higher education among them 2(3%) were moderately favourable and 3 were degree holder and they were moderately favourable .The obtained $\chi 2$ value 10.17 was statistically significant at 0.05 level and thus it is inferred that there is significant association between educational status and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding Occupational status majority of the women 37 were private employee among them 34(57%) were moderately favourable, 3(5%) were favourable . And 20(33%) were Self employee among them 17(28%) were moderately favourable

.3(5%)were unfavourable and 3 Government Employee coming under moderately favourable . The obtained $\chi 2$ value 1.53 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between occupational status and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding Monthly income majority of the women 36 were coming under ` 5001-` 7000 Category among them 33(55%) moderately favourable ,2(3%) were unfavourable ,1(2%) were favourable and.23 were under Below` 5000 among them 20(33%) were moderately favourable .1(2%) were unfavourable and 2(3%) were favourable. and 1 were under ` 7001 - ` 10000 have 1(2%) were moderately favourable and 0(%) were Above ` 10001.The obtained $\chi 2$ value 1.41 was not statistically significant at 0.05 level and thus it is inferred that there is no significant association between monthly income and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was not accepted.

Regarding Previous exposure to knowledge regarding mental illness 42 were said no among them 39(65%) were moderately favourable ,3(5%) were unfavourable and 1(2%) were favourable and 18 were said yes among them 16(27%) were moderately favourable and 2(3%) were favourable. The obtained $\chi 2$ value 5.9 was statistically significant at 0,001 level and thus it is inferred that there is significant association between Previous exposure to attitude regarding mental illness and level of knowledge among members of WSHG .Hence stated hypothesis (H_5) was accepted.

Regarding Source of information 11 were through Mass media among 9(15%) coming under moderate favourable, 2(3%) were favourable and 44 were through Health personnel 4(7%) were moderately favourable and 40(67%) were favourable and 5 were through Relatives and Friends have moderately adequate knowledge. The obtained $\chi 2$ value 9.49 was statistically significant at 0,001 level and thus it is inferred that there is significant association between source of the information and level of attitude among members of Women Self Help Groups. Hence stated hypothesis (H_5) was accepted.

CHAPTER V

DISCUSSION

The aim of the present study was to assess the effectiveness of Information Education Communication Package (IEC) on knowledge and attitude regarding mental illness among Women Self Help Groups.

The study was conducted by using quantitative approach with pre-experimental design. The members of women self help groups selected for study. The sample size was 60.

The structured self-administered questionnaire was used to assess the knowledge ad attitude. Multiple choice questions were used to assess the knowledge and 3 point likert scale for assessing the attitude regarding mental illness. The responses were analyzed through descriptive statistics (mean, standard deviation, Frequency, Percentage) and inferential statistics ('t' test and chi-square). Discussion on the findings was arranged based on the objectives of the study.

The first study of the study was to assess the existing level of knowledge and attitude regarding mental illness among women self help groups. The study findings revealed that Pre Test of knowledge regarding mental illness among members of Women Self Help Groups, Among 60 women 53 (88%) were under moderately adequate knowledge, 6 (33.3%) of total women were under inadequate knowledge. and 1(2%)were under Adequate knowledge. Pre-test on level of attitude

regarding mental illness among members of Women Self Help Groups, among 60 women 54 (90%) were under moderately favourable attitude, 3 (5%) of total samples were under Unfavourable attitude. and 3(5%)were under Favourable attitude .Table.(2.1,2.2)

The study findings were supported by **Suhaila Ghuloum et.al.,** (2010) conducted an epidemiological survey of knowledge, attitude and health literary concerning mental illness in a National Community sample. The aim of this study was to examine the knowledge, attitude and practices concerning mental illness among quatali and other Arab expatriates. This is a cross – sectional survey conducted from October 2008 – mar 2009. A questionnaire was designed to assess knowledge, attitude and practice regarding mental illness. Subjects 48.3% believed that mental illness could results from punished from God. The most common information source on mental illness was media (64.2%), recognition of common mental disorders in the studied population was poor (72.5%). The study conducted that knowledge of mental illness among the Arabic – spealing population of Quatar was quite poor.

The second objective was to evaluate the effectiveness of IEC Package regarding mental illness among Women Self Help Groups. The present study revealed the pre-test knowledge mean score was8.9, standard deviation was 2.56. and post-test mean score was 15.8, standard deviation 2.70 and the mean difference is 0.14, the 't' value was 27.70, which is statistically significant at 0.05 level. H_1 is accepted. (Table 3.3)

The pre-test attitude mean score was, 41.2 standard deviation was 5.01. and post-test mean score was 51.5, standard deviation 5.17 and the mean difference is 0.16, the 't' value was 21.24, which is statistically significant at 0.05 level. H_1 is accepted (Table 3.4).

Amy C. Watson et.al(2009) conducted study on middle schoolers attitudes about mental illness through education in United States. In this study knowledge & attitude about mental illness in more than 1,500 middle school students & evaluate the impact of an educational intervention on Stigma-related attitudes. The study revealed that students had some understanding of mental illness as a problem of the brain with biological & psychosocial causes, however they lacked knowledge about treatment. The students didn't strongly endorse negative attitudes about mental illness at baseline. The curriculum produced significant improvement in both knowledge 7 attitudes at past test & was most effective in improving attitudes among those with more negative baseline attitudes.the study concluded that brief educational program can be an effective intervention to increase knowledge and improve attitude about mental illness.

The third objective was to find out relationship between the knowledge and attitude regarding mental illness among women self help groups. The study revealed the pre and post test level of knowledge & attitude are positively correlated were the Karl Pearson 'r' value are 0.45 and 0.22 respectively. H_3 is accepted (Table .4)

Benjamin O.Olley et.al (2005) conducted a descriptive community study of knowledge and attitude to mental illness in Nigeria. The objective of the study is to determine the knowledge and attitude of representative community in Nigeria. A total

of 2040 individuals are assessed with the help of knowledge attitude questionnaire. The study revealed that poor knowledge of causation was common. Negative view illness were widespread with as many as 96.5% believing that people with mental illness are dangerous because of their violent behavior. Socio-demographic predictors of both poor knowledge and intolerant attitude were generally very few. The study concluded that There is a wide spread stigmatizations of mental illness in the Nigerian community, negative attitudes to mental illness may be fuelled by notion of causation that suggest affected people are in some way responsible for their illness.

The fourth objective was to find out association between the pre and post test level knowledge regarding mental illness with their selected demographic variables. The present study revealed that there is a significant association between pre test level of knowledge with the selected demographic variable includes the sources of information at $\chi 2 = 9.0$. There is a significant association between post-test level of knowledge with the selected demographic variables includes Age , Education and previous knowledge regarding mental illness at . $\chi 2 = 10.33$, $\chi 2 = 13.04$ and $\chi 2 = 49.61$ respectively. H_4 is accepted (Table 5.1,5.2).

The fifth objective was to find out association between the pre and post test level attitude regarding mental illness with their selected demographic variables. The present study revealed that there is a significant association between post test level of attitude with the selected demographic variable includes Education at . $\chi 2 = 10.17$. H_5 is accepted Table (5.3, 5.4).

Henry Stephens Aghanwa.,(2004) conducted a descriptive study on attitude toward & knowledge about mental illness in Fiji islands. This study aimed to explore there aspects & also to determine the factor influencing them. market vendors, peri-urban dwellers, white-color * health wreakers were interviewed. The interview schedule used elicited socio-demographic variables, knowledge of & attitude towards mental illness. The result revealed that Educational attainment was correlated with knowledge about mental illness,($p<0.01$).prestigious occupation, single marital status,female,younger age and urban dwelling were associated with positive disposition towards mentally ill($p<0.01$) race was not significantly influenced on almost all attitudinal variables. The study concluded that Health education is capable of positively influencing knowledge about & attitude towards , mental illness in Fiji.

CHAPTER VI

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter presents a brief account of the present study. Conclusions are drawn from the findings and the implication of the result are stated. It also includes recommendations for future research in this area.

Summary

The purpose of the present study was done to evaluate the effectiveness of information, education and communication programme on knowledge & attitude regarding mental illness among Women Self Help Groups (Women Self Help Groups) in selected rural area at Coimbatore. A pre-experimental, one group pre and post test design was used to evaluated the effectiveness of IEC package on knowledge & attitude regarding mental illness.

Objectives of the study were

1. To assess the existing level of knowledge and attitude regarding Mental illness among Women Self Help Groups.
2. To evaluate the effectiveness of IEC Package Regarding Mental illness among Women Self Help Groups.
3. To find out the relationship between the knowledge and attitude regarding mental illness among Women Self Help Groups.
4. To determine the association between the knowledge regarding mental illness with their selected demographic variable.

5. To determine the association between the attitude regarding mental illness with their selected demographic variable.

The probability purposive sampling technique was adopted to select the samples based on inclusion and exclusion criteria. Sample size was 60.

The content validity was checked by expect in the field of nursing, medicine and suitable modifications were made whenever needed.

Data regarding demographic variables are collected from women self help groups. The structured self administered questionnaire with MCQs and 3 point likert scale. The tool consist of components like definition. Causes, symptoms, treatment and misconception towards mental illness. The IEC package on mental illness administered through LCD presentation and post test was conducted with same questionnaire, 7 days followed by IEC.

The collected data was analyzed by using both descriptive statistics (Mean, Standard deviation, Frequency, Percentage) and inferential statistics (paired 't' test, independent 't' test & chi-square) and results were drawn.

Major Study Findings

- Among the participants, the majority of them28(47%)were between 31-40 yrs of Age, 56(93%) were married, 49(82%) were Hindu, 59(98%) don't have history of mentally ill person in their family 34(57%) were secondary educated, 37(62%) were private employee 36(60%) were receiving monthly

income of 5001-7000 and majority 42(70%) of them didn't have previous exposure of knowledge regarding mental illness.

- In pre-test majority of the women had 54(90%) moderately adequate knowledge 57(95%) moderately favourable attitude regarding mental illness.

- With regards to effectiveness of IEC package on knowledge regarding mental illness. The pre test knowledge mean score was 8.9, standard deviation was 2.56 and post test mean score was 15.8, standard deviation was 2.70 which was increased after IEC package intervened the calculated mean difference was 0.14. the obtained 't' value is 27.70 was significant at $P<0.05$ level.

- With regards to effectiveness of IEC package on attitude rearding mental illness. The pre-test attitude mean score was 40.9 standard deviation was 4.58 and post test mean score was 51.5, standard deviation was 5.17. which was increased after IEC package administered. The calculated mean difference was 0.9. the obtained 't' value is 15.09 was significant at $P<0.05$ Level.

- In post test majority of the women had 45(75%) moderately adequate knowledge and 42(70%) favorable attitude.

- With regards to the association between knowledge with their selected demographic variables . The sources of information statistically significant association ($\chi 2 = 9.0$) in pre test. Age , Education and previous knowledge regarding mental illness were statistically significant . The education,

occupation and previous knowledge regarding mental illness were statistically significant association with their post test knowledge ($\chi 2=10.33$, $\chi 2=13.04$ and $\chi 2=49.61$ respectivelyand attitude regarding mental illness. The pre test knowledge and attitude are positively co-related at r value of 0.45. the post test knowledge and attitude are positively co-related at r value of 0.22..

- With regards to the association between attitude with their selected demographic variable. Age, Education and previous knowledge regarding mental illness were statistically significant. The education was statistically significant association with their post test attitude ($\chi 2=10.17$).

Conclusion

The present study revealed that the Information Education Communication Package on mental illness is proven effective in improving knowledge and desirable attitude regarding mental illness among Women Self Help Groups . There was the presence stigma silently all over the world. The educational intervention through information, education and communication will break those silences and make them to know about what is mental illness. Besides the group of sample should be in need of information & can able to educate and communicate other too in a community regarding mental illness.

Implication of the Study

According to Tolsme, (1995) the section of the research report that focuses on nursing implication usually includes. Specific suggestion for nursing practice, nursing education, nursing administration and nursing research.

The nursing implication includes specific suggestion for nursing practice, nursing education, nursing administration and nursing practice.

Nursing Practice

- The assessment of knowledge and attitude regarding mental illness will help The health personal /clinical nurse to magnifies the importance of mental health and its stigmatization hazards.
- The study findings showed that there is a need to provide teaching program on mental illness among the nursing staff and the patient in general hospital.

Nursing Education

- Nursing curriculum has to be more emphasis should be given to misconception towards mental illness.
- The student nurses and nursing tutors will understand the importance of giving psycho education and conducting awareness campaign among the community people.

Nursing Research

- The study findings can be added to the research review regarding the mental illness.
- The study findings can be kept as the baseline data and further research can be conducted in different setting.

Nursing Administration

- Nursing administration has to make provision to promote health education with appropriate audio visual aids regarding mental illness.
- The study emphasis the need of in service education or continuing education program in specialization with mental illness to update the knowledge regarding newer innovation in treatment of mental illness.
- The present study proposed to help the health administered to plan about the awareness program to all college students in our country.
- Administrator should motivate the nursing personnel to participate in periodic counseling session in their community or hospital.
- Administration has to motivates the medias to educate about mental illness and its stigmatization

Limitation

- There was difficulty in gathering the group s at a time for teaching programme, due to caste difference and their occupation.

Recommendations

- The Study can be replicated with large sample size.
- The study can be conducted in different setting such as colleges, companies or industries and schools.
- A comparative study can be done regarding mental illness with men and women or health professional and non health professional.
- The study can be conducted as a true experimental study.

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To

Respected Sir/Madam,

Sub: Requisition for expert opinion and suggestion for content validity of the tools – Reg.

I am a student of M.Sc., Nursing I year of Annai Meenakshi College of Nursing, Coimbatore, affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai. As a partial fulfillment of the M.Sc., Nursing programme. I am conducting **"A Study to Assess The Effectiveness Of Information Education Communication (IEC) Package On Knowledge And Attitude Regarding Mental Illness Among Women Self Help Groups In a Selected Rural Area At Coimbatore"** .

I am hereby enclosing the following:

1. Statement and objectives of the study
2. Hypotheses
3. Methodology
4. Tool
5. Intervention
6. Content Validity certificate.

Herewith I am submitting the developed tool for content validity and for expert opinion and possible suggestion. It will be grateful to you and request you to return the same to the undersigned at the earliest possible.

Thanking you,

Yours faithfully,

Place: Coimbatore
Date:

APPENDIX C

LIST OF EXPERTS CONSULTED FOR CONTENT VALIDITY

DR.C.R.RAJENDREN M.D(PSY)

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APPENDIX D

STRUCTURED SELF ADMINISTERED QUESTIONNAIRE

PART I

INSTRUCTIONS

1. Read thoroughly section I ,section II and section III
2. Section I contains questions regarding demographic variables. Please mart(√) in appropriate space. Section II contains questionnaire for assessing knowledge regarding mental illness and section III contains likert scale regarding mental illness . Researcher has to read each one carefully and select the most appropriate statement by tick (**√**)
3. This information will be provided exclusively use for the purpose of research study and will be kept confidential.

DEMOGRAPHIC DATA

1. Age (years)

a) 20-30 b)31-40 c)41-50 d)51-60

2. Marital status

a) Un married b) Married c) Widow d) Divorce

3. Religion

a)Hindu b)Christian c)Muslim d)Others

4. History of mentally ill person in the family

a) Yes b) No

5. If present specify the treatment which they undergone

a)Poojas and Mantras b)Medication c)Marriage

6. Educational qualification

a) Primary b) Secondary c) Higher secondary d) Degree

7. Occupational status

a) Government Employee b)Private Employee c)Self employee

8. Monthly income

a) Below 5000 b) 5001-7000 c) 7001-10000 d) Above 10001

9. Previous exposure to knowledge regarding mental illness

a) Yes b) No

10. Source of information

a)Mass Mediab) Health personnel c)Relatives and Friends

PART II

Questionnaire for Assessing the

Knowledge Regarding Mental Illness

1) Mental illness is……

a) Mental retardation

b) Maladjustment in living

c) God's curse

2) Mental illness is caused by……

a) Single factor

b) Double factor

c) More than two factor

3) Mental illness can be prevented by……..

a) Identifying the risk group

b) Making awareness

c) Vaccination

4) ……. Induce the mental illness

a) Psycho – social stress

b) fever

c) leprosy

5) The person who are prone to get mental illness are……..

a) Strained interpersonal relationship

b) illiterate

c) poverty

6) Child will get mental illness if the mother is exposed to ……

a) Alcohol

b) Smoke

c) Extreme Cold

7) Physiological changes may cause mental illness is……..

a) Increased BP

b) Pregnancy and child birth

c) Diabetes Mellitus

8) Mental illness can be caused by ……

a) Brain damage

b) Vitamin deficiency

c) Low birth weight

9)Social factor includes …… can cause mental illness

a) Poverty, Unemployment

b) Illiteracy

c) Politics

10)Alteration of biological function in mental illness is

a)increased sweating

b)sleeplessness

c)increased thurst

11)Alteration of perception in mental illness is

a)Very Accurate Perception

B)Misinterpretation Of Present Object

C)Difficulty In Calculation

12) Mental illness can cause disturbance in……

a) Thought

b) Body Weight

c) Skin Tone

13) Mental illness can be treated by…….

a) Chaining

b) Marriage

c) Medication

14) ECT can be used to treat mental illness if the client is ……

a) Female

b) Not Responding To Medication

c) Too Fat

15) Psychiatric illness can be treated by…….

a) Only Physical method

b) Only Psychological method

c) Both Psycho physiological method

16) Psychological method of treatment to mental illness are……..

a) ECT and Family

b) Individual therapy

c) Medication

17) Rehabilitation is an …….. approach

a) Preventive

b) Curative

c) Restorative

18)psychiatric Rehabilitation services is mainly intended to treat……..

a) Newly diagnosed cases
b) Chronic cases
c) Chronic mental illness and physical illness

19) Psychiatric rehabilitation focused on……

a) Prevention of physical disability
b) Increasing the life expectancy
c) Symptom management

20) Psychiatric rehabilitation includes……

a) Registering the cases
b) Providing psycho education
c) Finding new cases.

PART III

Likert Scale for Assessing the Attitude of the

Regarding Mental Illness

Instructions:

Listed below are 20 statements. Researcher has to read each one carefully and select the most appropriate statement by tick (√) mark.

Sl.No.	Questions	Disagree	Uncertain	Agree
1*	Mental Illness can be caused by evil spirit.			
2*	If my family members got mental illness I will suggest them to go for mantras and temples			
3*	People with a mental illness are usually violent and dangerous. You have to be careful with them.			
4	I would have no worries to go along with my			
5	mentally ill relative to a function.			
6	Mental Illness could happen to anybody.			
7	Children will get mental illness.			
8	If someone has had a psychotic episode I would hope that they could still get a good job.			

9*	Once you become as patient in a mental hospital you are a failure for life.			
10	Mental illness are curable and has lot of treatment facilities to rectify it.			
11	Mental illness can be effectively treared by medication.			
12*	All mentally ill client are idiotic and useful for nothing.			
13*	Alcoholism will not cause mental illness.			
14*	Person who are more reserved (or) moody will not have chance to get mental illness.			
15*	I do not think that head injury will cause mental illness at any cost.			
16	Unusual way of extreme happiness and over activity is also an type of mental illness.			
17*	Mentally ill client will never show any biological symptoms			
18	Unable to pay little bit of attention is a symptom of mental illness			
19	Regular meditation and exercise can keep you mentally healthy			
20*	Poor social relationship will not affect the mental health.			

gF½ I

jftyhs® g¦¿a Égu«

k½¥ò¡FÇnahnu/

ftdkhf th¼¤j¾¬ rÇahd ÉilÆ± (**v)** F¿ÆlÎ«.

kh½Ç v© :

1. taJ (tUl¤½±)

   m) 20?30 ( )

   M) 31?40 ( )

   ,) 41?50 ( )

   <) 51?60 ( )

2. ½Ukz Égu«

   m) ½Ukzkhfht® ( )

   M) ½Ukzkhdt® ( )

   ,) Éjit ( )

   <) Éthfu¤J¥ bg¦wt® ( )

3. kj«

   m) ,ªJ ( )

   M) »¿µjt« ( )

   ,) Kµä« ( )

   <) k¦wit ( )

4. FL«g¤½± kdnehahËf´ ,U¥gj¬ Égu«

   m) M« ( )

   M) ,±iy ( )

5. M« vÅ± mt® nk¦bfh©l ¼»¢ir Kiwf´

   m) tÊghL k¦W« khªjßf« ( )

M) kUªJf´ ( )

,) ½Ukz« ( )

<) k¦wit ( )

6. f±É¤jF½

m) Mu«g¡f±É ( )

M) ,ilÃiy¡ f±É ( )

,) nk±Ãiy¡ f±É ( )

<) g£la¥go¥ò ( )

7. bjhÊ±

m) muR¥ gÂ ( )

M) jÅah® rh®ªj gÂ ( )

,) RabjhÊ± ( )

8. khj tUkhd«

m) 5000¡F«Ñ³ ( )

M) 5000?10000 ( )

,) 10000¡F«nk± ( )

9. kdneh- g¦¿a Égu« ,j¦FK¬ m¿ª½U¥gtuh>

m) M« ( )

M) ,±iy ( )

10. MbkÅ± v²thÆyhf Égu« m¿ªÔ®f´>

m) Clf« ( )

M) kU¤Jt« rh®ªj eg®f´ ( )

,) cwÉd®f´ k¦W« e©g®f´ ( )

gF½ II

kdneh- g¦¿a m¿Éid¡ f©l¿í« k½¥ÕLf´

1. kdneh- v¬gJ

    m) kdts®¢¼ F¬WtJ ( )

    M) thG« Ãiyikíl¬ x¤JthH ,ayhik ( )

    ,) flîË¬ rhg« ( )

2. kdneh- .. .. .. fhuz§fsh± V¦gLtJ

    m) xnu xU ( )

    M) ,u©L ( )

    ,) ,u©L¡F« nk¦g£l ( )

3. kdnehia jL¡f .. ..

    m) ÉiuÉ± kdnehah± gh½¡f¥gL« k¡fis f©l¿j± ( )

    M) ÉÊ¥òz®it V¦gL¤Jj± ( )

    ,) jL¥ò kUªJ bfhL¤j± ( )

4. kdnehia Jh©LtJ

    m) rKf kd mG¤j« ( )

    M) fh-¢r± ( )

    ,) bjhGneh- ( )

5. kdnehia bgWtj¦fhd th-¥ò´st®f´ ahbuÅ±

    m) cwîfË± ¾u¢¼id ( )

    M) f±Éa¿É¬ik ( )

    ,) tWik ( )

6. kf¥ngW fhy¤½± jh- . .. . gh½¡f¥gLtjh± FHªij¡F kdneh- V¦gL«

    m) kJÉdh± ( )

    M) òif¾o¤jyh± ( )

,) ml®ªj FËuh± ( )

7. cl¦bra±ghLfË± V¦gL« kh¦w§f´Tl kdnehia V¦gL¤J«/ mjhtJ

m) ca® ,u¤j mG¤j« ( )

M) f®¥gkhj± k¦W« kf¥ngW ( )

,) ÚÇHî neh- ( )

8. kdneh- V¦gl fhuz«

m) ,is gh½¡f¥gLj± ( )

M) it£lÄ¬ FiwghL ( )

,) Fiwªj vil ( )

9. kdnehia V¦gL¤J« r,f¡ fhuÂf´

m) tWik ( )

M) f±Éa¿É¬ik ( )

,) mu¼a± ( )

10. kdnehÆ± V¦gL« cl±ß½ahd kh¦w§f´ ahbjÅ±

m) m½f¥goahd Éa®it ( )

M) Jh¡fÄ¬ik ( )

,) m½f¥goahd jhf« ( )

11. kdnehÆ± V¦gL« òÇªJbfh´S« ½wÅ± V¦gL« kh¦w§f´ ahbjÅ±

m) Äf¢rÇahf òÇªJbfh´Sj± ( )

M) ,U¡F« bghUis jtwhf òÇªJbfh´Sj± ( )

,) fz¡»LjÈ± ¼uk¥gLj± ( )

12. kdnehia .. .. ¾u¢¼idia c©lh¡F«

m) Éah½ ( )

M) ¼ªjid¤½w¬ gh½¥ò ( )

,) cl± ey« ( )

13. kdnehia Fz¥gL¤j

m) r§»Èah± f£oit¡fyh« ( )

M) ½Ukz« br-ayh« ( )

,) kUªJf´ bfhL¡fyh« ( )

14. Ä¬rhu ¼»¢ir .. .... kh½Çahd kdnehahËfis Fz¥gL¤j cjî»¬wJ

m) bg©f´ ( )

M) kUªJfsh± Fzkhfhjt® ( )

,) F©lhf ,U¥gt®f´ ( )

15. kdneh- r«gªj¥g£l ¾u¢¼idfis¤ Ô®¡f .. .. .. k£Lnk Koí«

m) cl± ß½ahd ¼»¢irah± ( )

M) kdey ¼»¢irah± ( )

,) cl± k¦W« kdey ¼»¢ir ( )

16. kdneh-¡fhd kdey ¼»¢ir v¬gJ

m) Ä¬rhu ¼»¢ir ( )

M) jÅegÇ¬ FL«g ¼»¢ir ( )

,) kUªJf´ ( )

17. kWth³î v¬gJ

m) jL¥òKiw ( )

M) ¼»¢ir Kiw ( )

,) kWf£lik¥ò Kiw ( )

18. kdneh- kWth³î ¼»¢ir Kiwah± .. .. Fz¥gL¤j ga¬gL»wJ.

m) ò½ajhf f©l¿ªj kdnehahËia ( )

M) Ú©leh´ kdnehah± gh½¡f¥g£lt®f´ ( )

,) Ú©l fhykhf cl±ey« F¬¿at®f´ ( )

19. kdneh-¡fhd kWth³î .. .. I ika neh¡fkhf bfh©L´sJ

m) cl±ey¡ FiwghLfis¤ jL¥gij ( )

M) th³ehis m½fÇ¥gij ( )

,) m¿F¿fS¡fhd ¼»¢ir ( )

20. kdnehahË¡fhd kWth³î v¬gJ

m) nehíilat®fis g½î br-tJ ( )

M) kdey¡ f±Éia tH§FtJ ( )

,) ò½a nehahËfis¡ f©l¿tJ ( )

gF½ III

kdneh- g¦¿a fU¤J¡fis m¿tj¦fhd k½¥ÕLf´

ÑnH¡ bfhL¡f¥g£L´s nf´ÉfS¡fhd V¦wthW g½iy bjÇîbr-aî«.

t. v©.	Édh¡f´	V¦W¡bfh´s ?É±iy	cW½ahf¡ TwKoahJ	V¦W¡ bfh´»nw¬
1*	kdneh- v¬gJ bfhoa Ôa			

2* 3* 4 5 6	r¡½ah± c©lhtJ. v¬Dila FL«g¤½± ahnuD« kdnehah± gh½¡f¥g£oUªjh± mt®fis nfhÉ±fS¡F« khª¤ßf®fËl¤J« br±y nt©L« v¬W tÈíW¤Jnt¬. kdneh- cilat®f´ Äfî« Mg¤jhdt®f´. mt®fËl« ÄFªj v¢rÇ¡ifíl¬ ,U¡f nt©L«. kdnehahËahd vdJ cwÉdiu ÉHh¡fS¡F miH¤J¢ br±t½± vd¡F vªjÉjkhd ja¡fK« ,±iy. kdneh- ahU¡F nt©LkhdhY« tuyh«. ½Ukz« kdnehia¡ Fz¥gL¤jhJ.			
t.v©.	Édh¡f´	V¦W¡bfh´s ?É±iy	cW½ahf¡ TwKoahJ	V¦W¡ bfh´»nw¬
7 8 9*	FHªijfS¡F kdneh- tU«. xUtU¡F kdneh- V¦g£L ,UªjhY« mtU¡F e±y ntiy th-¥ò »il¡F« vd e«ò»nw¬. Ú§f´ xUKiw kdey kU¤JtkidÆ± kd nehahËahf mDk½¡f¥g£oUªjh± c§f´ th³¡if njh±Éailªjjhf m®¤j«. kdnehia Fz¥gL¤j Koí«. mjid			

10 11 12*	Fz¥gL¤j¥ g±ntW kU¤Jt tÊKiwf´ c´sJ. kdnehia kUªJfsh± Äf¢¼w¥ghf Fz¥gL¤j Koí«. kdnehah± gh½¡f¥g£lt®f´ midtU« K£lh´f´. mt®f´ vj¦F« cgnahf¥glkh£lh®f´.			
t.v©.	Édh¡f´	V¦W¡bfh´s ?É±iy	cW½ahf¡ TwKoahJ	V¦W¡ bfh´»nw¬
13* 14* 15* 16 17*	Fo¥gH¡f« kdnehia V¦gL¤jhJ. ÄFªj T¢r Rght« cilat®f´ kdnehia¥ bgWtj¦fhd th-¥¾±iy. jiyÆ± mogLtjh± xUnghJ« kdneh- V¦glhJ. ,a±ò¡F khwhf Äf m½f¥goahd c¦rhfK« m½f¥goahd cl± bra±ghLfS« xUtifahd kdneh-. kdneh- cilat®fS¡F vªj cl± ß½Æyhd gh½¥òfS« ,U¡fhJ. ¼¿J neu« Tl v½Y« ftd« brY¤j ,ayhikTl kdneh-¡fhd m¿F¿jh¬.			

18	bjhl®¢¼ahd ½ahdK« gÆ¦¼í« nk¦bfh©lh± Ú§f´ kd ey¤Jl¬ ,U¡fyh«.			
19	rKjha cwîfË± ¾u¢¼id cilat®fS¡F kd ey¤½± vªj gh½¥ò« V¦glhJ.			
20*				

APPENDIX F

PART I

Scoring Key for Structured Knowledge Multiple Choice Questionnaire

Item No	Correct Response	Score
1	B	1
2	C	1
3	B	1
4	A	1
5	A	1
6	A	1
7	B	1
8	A	1
9	A	1
10	B	1
11	B	1
12	B	1
13	C	1
14	B	1
15	C	1
16	C	1
17	C	1
18	B	1
19	C	1

20	B	1

MAXIMUM SCORE =20

SCORING:

Inadequate knowledge - 0-25% (0-5)

Moderate knowledge - 26-70% (6-14)

Adequate knowledge - 71-100% (15-20)

PART II

Scoring Key for Structured Attitude Likert Scale

Item No	Correct Response	Score
1	Diasagree	3
2	Disagree	3
3	Disagree	3
4	Agree	3
5	Agree	3
6	Agree	3
7	Agree	3
8	Agree	3
9	Disagree	3
10	Agree	3
11	Agree	3
12	Disagree	3
13	Diaagree	3
14	Disagree	3
15	Disagree	3
16	Agree	3
17	disagree	3
18	agree	3
19	agree	3
20	disagree	3

MAXIMUM SCORE =60

SCORING:

Unfavourable attitude- - (0-50%) 20-30

Moderately favourable attitude - (51-83%) 31-50

Favourable attitude- - (84-100%) 51-60

APPENDIX G

EVALUATION CRITERIA RATING SCALE FOR

VALIDATION OF TOOL

Respected Madam/Sir,

Instructions:

Kindly review the items in the tool. If you are agree with the criteria, please place a tick mark in "RELEVANT" column otherwise place the tick mark in "NEED MODIFICATION" column or "NOT RELEVANT" and give your comments in the remarks column.

SECTION I: DEMOGRAPHIC VARIABLES

SI,NO	ITEM	RELEVANT	NEED MODIFICATION	NOT RELEVANT	REMARKS
1	Age				
2	Marital Status				
3	Educational Qualification				

4	Occupational Status				
5	Monthly Income				
6	History Of Mentally Ill Family Members				
7	Previous Exposure To Knowledge Regarding Mental Illness				
8	Source Of Information				

SECTION II: QUESTIONNAIRE FOR ASSESSING THE KNOWLEDGE REGARDING MENTAL ILLNESS

ITEM	RELEVANT	NEED MODIFICATION	NOT RELEVANT	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

22				
23				
24				
25				
26				
27				
28				
29				
30				

SECTION II: LIKERT SCALE FOR ASSESSING THE ATTITUDE REGARDING MENTAL ILLNESS

ITEM	RELEVANT	NEED MODIFICATION	NOT RELEVANT	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Suggestion If Any:

APPENDIX J

EVALUATION CRITERIA CHECKLIST FOR VALIDATION OF INFORMATION EDUCATION COMMUNICATION ON MENTAL ILLNESS

INSTRUCTION

The expert is requested to go through following evaluation criteria checklist prepared for validating the intervention on (IEC on mental illness)

There are three columns given for responses and a column and facilitate your remarks in the remarks column given

INTERPRETATION COLUMNS

- Meets the criteria - Column I
- Partially meets the criteria - Column II
- Does not meet the criteria - Column III

SL.NO	CRITERIA	I	II	III	REMARKS
I.	CONTENT				
1.	SELECTION OF CONTENT				
1.1	Content reflects the objectives				
1.2	Content has up to date knowledge				
1.3	Content is comprehensive for the learning need of members of women self help groups regarding mental illness				
1.4	Content provides correct and accurate information				
1.5	Content coverage				
2.	ORGANIZATION OF CONTENT				
2.1	Logical sequences				
2.2	Continuity				
2.3	Integration				
II.	LANGUAGE				
1.	Local language is used in simple and in understandable dialogues				
2.	Technical terms are explained at the level of learners ability				
III.	FEASIBILTY/PRACTICABILITY				
1.	Is suitable to the clients				
2.	Permit self learning				

3.	Acceptable to clients				
4.	Interesting and useful to clients				
5.	Suitable for setting				
IV.	ANY OTHER SUGGESTIONS				
	•				
	•				
	•				

ANNAI MEENAKSHI COLLEGE OF NURSING

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Ref. No.

Date : .....

Certificate of Validation

This is to certify that the tools developed by **Ms. Meenakshi .R** M.Sc (N) I - Year student of Annai Meenakshi College of Nursing, Coimbatore, Tamil Nadu (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai) is validated by undersigned and can proceed with this tool and conduct the main study for dissertation entitled **"A Study to Assess The Effectiveness Of Information Education Communication (IEC) Package On Knowledge And Attitude Regarding Mental Illness Among Women Self Help Groups In a Selected Rural Area At Coimbatore"** .

Place: Coimbatore

Signature

Date:

Name and Designation

APPENDIX L

CONSENT FORM

Good Morning, I'm MS.MEENAKSHI. I'm doing M.sc nursing in Annai Meenakshi college of nursing at Coimbatore. I'm doing research on effectiveness of IEC package on knowledge and attitude regarding mental illness among women self help groups in selected area at Coimbatore. I kindly request your cooperation and participation.

I MS/MRS.....myself has come to know about IEC on mental illness will enhance the knowledge and attitude of the people regarding mental illness. Hereby I consent to participate in the educational programme.

Place Signature

Date

x¥òj± got«

k½¥¾¦FÇnahnu/

tz¡f«. br±É. Ûdh£¼ v¬w eh¬ m¬id Ûdh£¼ brÉÈa® f±YhÇÆ± brÉÈa® g£l nk¦go¥ò go¤J¡bfh©oU¡»nw¬. eh¬ kdey¡ f±É bfhL¥gj¬ ,y« j§fSila kdey« g¦¿a m¿î« fU¤J¡fS« nk«gL« v¬gJ g¦¿ Muh-¢¼ br-aî´ns¬. ,j¦fhf eh¬ j§fsJ KG x¤JiH¥ig nf£L¡bfh´»nw¬. nkY« ,jdh± j§fS¡F vªj xU gh½¥ò« V¦glhJ v¬gij bjÇÉ¤J¡ bfh´»nw¬.

½U. / ½Uk½. .. .. v¬»w eh¬/ Ûdh£¼ brÉÈa® mt®fËlÄUªJ kdey¡ f±É bfhL¥gj¬ ,y« v§fSila kdey« g¦¿a m¿î« fU¤J¡fS« nk«gL« v¬gJ g¦¿ bjÇªJbfh©nl¬. vdnt eh¬ KG kdJl¬ ,ªj Muh-¢¼Æ± <Lgl r«k½¡»nw¬.

,l« : j§f´ c©ikí´s

eh´ :